



## PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

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

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	11841	Employer's ID Number	41-2111662
Organized under the Laws of	Ohio		, State of Domicile or Port of Entry		Ohio	
Country of Domicile	United States					
Incorporated/Organized	10/17/2003		Commenced Business	01/01/2004		
Statutory Home Office	155 EAST BROAD STREET Suite 302 (Street and Number)		, COLUMBUS, OH, US 43215-3619 (City or Town, State, Country and Zip Code)			
Main Administrative Office	155 EAST BROAD STREET Suite 302 (Street and Number)		COLUMBUS, OH, US 43215-3619 (City or Town, State, Country and Zip Code)		614-255-4840-140 (Area Code) (Telephone Number)	
Mail Address	155 EAST BROAD STREET Suite 302 (Street and Number or P.O. Box)		, COLUMBUS, OH, US 43215-3619 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	155 EAST BROAD STREET Suite 302 (Street and Number)		COLUMBUS, OH, US 43215-3619 (City or Town, State, Country and Zip Code)		614-255-4840-140 (Area Code) (Telephone Number)	
Internet Web Site Address	WWW.OHAINSURANCE.COM					
Statutory Statement Contact	Amy Terese Irish (Name)		517-886-8339 (Area Code) (Telephone Number) (Extension)			
	airish@coverys.com (E-Mail Address)		517-327-2772 (Fax Number)			

## OFFICERS

Name	Title	Name	Title
Gregg Lee Hanson	Chair, Chief Executive Officer & President	Richard Gordon Hayes	Vice President, Treasurer
	Vice President, Assistant Treasurer		

## OTHER OFFICERS

## OTHER OFFICERS

### DIRECTORS OR TRUSTEES

Gregg Lee Hanson

Bradley Dean Lonsberry

Richard Gordon Hayes

Mary Lynn Ursul

Wayne Thomas Zack

State of .....

ss

County of .....  
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? _____ b. If no: 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]



# ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC

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

NAIC Group Code	0000	BUSINESS IN THE STATE OF Ohio				DURING THE YEAR 2014						NAIC Company Code 11841		
		Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken	3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees	
1.	Fire													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
2.4	Private crop													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine													
10.	Financial guaranty													
11.	Medical professional liability	3,607,268	4,128,759		1,575,739	493,750	(617,522)	10,207,492	978,398	(211,551)	3,455,945	290,816	5,455	
12.	Earthquake													
13.	Group accident and health (b)													
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal Employees Health Benefits Plan premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence													
17.2	Other Liability-Claims-Made	1,825,277	2,056,019		297,498	1,022,942	554,102	672,965	31,616	50,223				
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity													
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	
35.	TOTALS (a)	5,432,545	6,184,778	0	1,873,237	1,516,692	505,366	20,959,752	999,858	(632,379)	4,194,969	437,969	8,215	
DETAILS OF WRITE-INS														
3401.														
3402.														
3403.														
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	

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

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



# ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC

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

NAIC Group Code	0000	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2014						NAIC Company Code 11841			
		Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken	3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned											
1.	Fire	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1	Allied lines	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2	Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3	Federal flood	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4	Private crop	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2	Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	Inland marine	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability	3,607,268	4,128,759	0	1,575,739	493,750	(617,522)	10,207,492	978,398	(211,551)	3,455,945	290,816	5,455	
12.	Earthquake	0	0	0	0	0	0	0	0	0	0	0	0	0
13.	Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A & H (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Collectively renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Non-cancelable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Guaranteed renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Other accident only	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7	All other A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1	Other liability-Occurrence	0	0	0	0	554,102	672,965	0	0	31,616	50,223	0	0	0
17.2	Other Liability-Claims-Made	1,825,277	2,056,019	0	297,498	1,022,942	568,786	10,079,295	21,460	(452,444)	688,801	147,153	2,760	
17.3	Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0	0
18.	Products liability	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1	Private passenger auto-no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2	Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0	0
19.3	Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4	Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1	Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0	0
21.2	Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0	0
22.	Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0	0
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety	0	0	0	0	0	0	0	0	0	0	0	0	0
26.	Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0	0
27.	Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0	0
28.	Credit	0	0	0	0	0	0	0	0	0	0	0	0	0
30.	Warranty	0	0	0	0	0	0	0	0	0	0	0	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	5,432,545	6,184,778	0	1,873,237	1,516,692	505,366	20,959,752	999,858	(632,379)	4,194,969	437,969	8,215	
<b>DETAILS OF WRITE-INS</b>														
3401.														
3402.														
3403.														
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

Schedule F - Part 1  
**NONE**

Schedule F - Part 2  
**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

**SCHEDULE F - PART 3**

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties		
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers					
<b>Authorized - Other U.S. Unaffiliated Insurers</b>																					
42-0635534.....	15865.....	NCMIC INS CO.....	IA.....		171.....					32.....	.4.....	.31.....		.66.....	.27.....				.39.....		
47-0698507.....	23680.....	ODYSSEY REINS CO.....	CT.....		(47).....				400.....	.7.....	.912.....	.77.....	.38.....		1,434.....	.62.....			1,372.....		
13-1675535.....	25364.....	SWISS REINS AMER CORP.....	NY.....		0.....														0.....		
75-1444207.....	30058.....	SCOR REINS CO.....	NY.....		181.....				178.....	.4.....	.293.....	.32.....	.53.....		.560.....	(21).....			581.....		
13-5616275.....	19453.....	TRANSATLANTIC REINS CO.....	NY.....		(339).....				238.....	.6.....	.510.....	.56.....			.809.....	.56.....			754.....		
52-1952955.....	10357.....	PLATINUM UNDERWRITERS REINS INC.....	MD.....		(7).....				278.....	.4.....	.989.....	.71.....			1,341.....	(2).....			1,342.....		
<b>099998 - Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)</b>						(60).....					72.....	6.....	3.....		81.....	4.....			76.....		
<b>099999 - Total Authorized - Other U.S. Unaffiliated Insurers</b>						(102).....	0.....	0.....	1,093.....	20.....	2,808.....	245.....	124.....	0.....	4,290.....	126.....	0.....		4,164.....	0.....	
<b>Authorized - Other Non-U.S. Insurers</b>																					
AA-1120337.....	.00000.....	ASPIRE INS UK LTD.....	.GBR.....		(269).....				365.....	.6.....	.950.....	.80.....	.5.....		1,406.....	.40.....			1,367.....		
AA-1340125.....	.00000.....	HANNOVER RUECK SE.....	.DEU.....		284.....														.46.....		
AA-1126435.....	.00000.....	LLOYD'S SYNDICATE NUMBER 435.....	.GBR.....		(192).....				217.....	.3.....	.863.....	.76.....	.7.....		1,167.....	.38.....			1,129.....		
AA-1128003.....	.00000.....	LLOYD'S SYNDICATE NUMBER 2003.....	.GBR.....		.48.....														7.....		
AA-1128791.....	.00000.....	LLOYD'S SYNDICATE NUMBER 2791.....	.GBR.....		(2).....				381.....	.8.....	.159.....	.11.....	.0.....		.170.....	0.....			170.....		
AA-1126190.....	.00000.....	LLOYD'S SYNDICATE NUMBER 190.....	.GBR.....		(251).....				109.....	.2.....	.278.....	.28.....	.2.....		1,426.....	.59.....			1,367.....		
AA-1120084.....	.00000.....	Lloyd's Syndicate Number 1955.....	.GBR.....		(157).....				184.....	.6.....	.548.....	.63.....	.3.....		.419.....	.29.....			390.....		
AA-1120075.....	.00000.....	Lloyd's Syndicate Number 4020.....	.GBR.....		(361).....														735.....		
AA-1128623.....	.00000.....	Lloyd's Syndicate Number 2623.....	.GBR.....		0.....														0.....		
AA-1128987.....	.00000.....	Lloyd's Syndicate Number 2987.....	.GBR.....		.24.....				.45.....	.0.....	.190.....	.14.....	.3.....		.252.....				252.....		
13-3138390.....	42307.....	NAVIGATORS INS CO.....	NY.....		.28.....				.48.....	.1.....	.83.....	.9.....	.8.....		.148.....	.3.....			145.....		
47-0574325.....	32603.....	BERKLEY INS CO.....	DE.....		.76.....														12.....		
AA-1128488.....	.00000.....	LLOYD'S SYNDICATE NUMBER 2488.....	.GBR.....		(10).....				.51.....	.1.....	.4.....	.0.....							.59.....		
AA-1128003.....	.00000.....	LLOYD'S SYNDICATE NUMBER 2003.....	.GBR.....		(344).....				282.....	.7.....	.732.....	.74.....			1,094.....	.54.....			1,041.....		
AA-1128000.....	.00000.....	LLOYD'S SYNDICATE NUMBER 2000 (INCIDENTAL TO 2999).....	.GBR.....		(2).....				.98.....	.2.....	.59.....	.4.....			.163.....	0.....			163.....		
AA-3194127.....	.00000.....	PARK IND LTD.....	.BMU.....		(4).....				.77.....	.2.....	.42.....	.3.....			.123.....	(1).....			124.....		
<b>1299998 - Total Authorized - Other Non-U.S. Insurers (Under \$100,000)</b>						(328).....				192.....	5.....	743.....	76.....	5.....		1,022.....	.63.....			959.....	
<b>1299999 - Total Authorized - Other Non-U.S. Insurers</b>						(1,461).....	0.....	0.....	2,049.....	42.....	5,579.....	527.....	118.....	0.....	8,315.....	350.....	0.....		7,965.....	0.....	
<b>1399999 - Total Authorized - Total Authorized</b>						(1,563).....	0.....	0.....	3,141.....	63.....	8,387.....	772.....	243.....	0.....	12,605.....	477.....	0.....		12,129.....	0.....	
<b>Unauthorized - Other non-U.S. Insurers</b>																					
AA-1120481.....	.00000.....	QBE INS (EUROPE) LTD.....	.GBR.....		(6).....														.29.....		
AA-3194161.....	.00000.....	Catlin Ins Co Ltd.....	.BMU.....		(278).....				291.....	.6.....	.760.....	.70.....			1,126.....	.43.....			1,083.....		
AA-1120146.....	.00000.....	Catalina London Limited.....	.GBR.....		(6).....														.40.....		
AA-1320034.....	.00000.....	PARIS RE.....	.FRA.....		(35).....														.55.....		
AA-3190795.....	.00000.....	AMERICAN SAFETY REINS LTD.....	.BMU.....		(60).....				.68.....	.1.....	.159.....	.16.....			.244.....	.11.....			234.....		
<b>2599998 - Total Unauthorized - Other Non-U.S. Insurers (under \$100,000)</b>						4.....													0.....		
<b>2599999 - Total Unauthorized - Other Non-U.S. Insurers</b>						(381).....	0.....	0.....	359.....	7.....	1,040.....	97.....	0.....	0.....	1,502.....	.62.....	0.....		1,441.....	0.....	
<b>2699999 - Total Unauthorized - Total Unauthorized</b>						(381).....	0.....	0.....	359.....	7.....	1,040.....	97.....	0.....	0.....	1,502.....	.62.....	0.....		1,441.....	0.....	
<b>409999 - Total Authorized, Unauthorized and Certified</b>						(1,944).....	0.....	0.....	3,500.....	70.....	9,427.....	868.....	243.....	0.....	14,108.....	538.....	0.....		13,570.....	0.....	
<b>9999999 Totals</b>						(1,944).....	0.....	0.....	3,500.....	70.....	9,427.....	868.....	243.....	0.....	14,108.....	538.....	0.....		13,570.....	0.....	

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

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
------------------------	----------------------	--------------------

1. ....  
2. ....  
3. ....  
4. ....  
5. ....

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

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
------------------------	-------------------------	---------------------	-----------------

1. Lloyd's Syndicate # 4472 (LIB).....1,730,855.....461,304 Yes [ ] No [ X ]  
2. Aspen Insurance UK Ltd.....1,675,419.....293,484 Yes [ ] No [ X ]  
3. Odyssey American Reinsurance Corp.....1,662,328.....344,121 Yes [ ] No [ X ]  
4. Platinum Underwriters Reinsurance Inc.....1,581,732.....151,911 Yes [ ] No [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

**SCHEDULE F - PART 3**

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable	18 Net Amount Recoverable From Reinsurers	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable		
5.	Lloyd's syndicate # 2003 (SJC).....					1,378,106	430,922	Yes [ ]	No [ X ]								

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

## **SCHEDULE F - PART 4**

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Aging of Ceded Reinsurance as of December 31, Current Year (000 OMITTED)							12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11	
				5 Current	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses					11 Total Due Cols. 5 + 10			
Overdue													
6 1 to 29 Days	7 30 - 90 Days	8 91 - 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9	11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11						
0	0	0	0	0	0	0	0						
9999999 Totals				0	0	0	0						

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

## **SCHEDULE F - PART 5**

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

1. Amounts in dispute totaling \$ ..... are included in Column 5.
2. Amounts in dispute totaling \$ ..... are excluded from Column 14.

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

(a) Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name		Letters of Credit Amount
1.	1.	.026009920	Nataxis...		.160
2.	1.	.012000089	CitiBank, N.A.		.79
3.	1.	.012000089	CitiBank, N.A.		1,607
4.	1.	.012000089	CitiBank, N.A.		.65
5.	1.	.072000096	Comerica		.265

Schedule F - Part 6 - Section 1

**NONE**

Schedule F - Part 6 - Section 2

**NONE**

Schedule F - Part 7

**NONE**

Schedule F - Part 8

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

**SCHEDULE F - PART 9**

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

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	42,105,676		42,105,676
2. Premiums and considerations (Line 15) .....	880,740		880,740
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	0		0
4. Funds held by or deposited with reinsured companies (Line 16.2).....	0		0
5. Other assets .....	588,037		588,037
6. Net amount recoverable from reinsurers .....		13,569,519	13,569,519
7. Protected cell assets (Line 27) .....	0		0
8. Totals (Line 28) .....	43,574,453	13,569,519	57,143,972
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	12,822,683	13,865,096	26,687,779
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	1,534,225		1,534,225
11. Unearned premiums (Line 9) .....	1,333,190	242,580	1,575,770
12. Advance premiums (Line 10) .....	0		0
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....	0		0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12) .....	538,157	(538,157)	0
15. Funds held by company under reinsurance treaties (Line 13) .....	0		0
16. Amounts withheld or retained by company for account of others (Line 14) .....	0		0
17. Provision for reinsurance (Line 16) .....	0		0
18. Other liabilities .....	237,108		237,108
19. Total liabilities excluding protected cell business (Line 26) .....	16,465,363	13,569,519	30,034,882
20. Protected cell liabilities (Line 27) .....	0		0
21. Surplus as regards policyholders (Line 37) .....	27,109,090	XXX	27,109,090
22. Totals (Line 38) .....	43,574,453	13,569,519	57,143,972

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

If yes, give full explanation:

Schedule H - Part 1

**NONE**

Schedule H - Part 2

**NONE**

Schedule H - Part 3

**NONE**

Schedule H - Part 4

**NONE**

Schedule H - Part 5 - Health Claims

**NONE**

Schedule P - Part 1A - Home/Farm

**NONE**

Schedule P - Part 1B - Private Passenger

**NONE**

Schedule P - Part 1C - Comm Auto/Truck

**NONE**

Schedule P - Part 1D - Workers' Comp

**NONE**

Schedule P - Part 1E - Comm Multi Peril

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	
2. 2005	290	87	203	0	0	0	0	0	0	0	0	0	
3. 2006	615	161	454	0	0	1	0	12	0	0	13	1	
4. 2007	291	22	269	0	0	0	0	0	0	0	0	0	
5. 2008	240	19	221	0	0	0	0	0	0	0	0	0	
6. 2009	155	36	120	0	0	3	0	0	0	0	3	0	
7. 2010	600	48	552	1,025	500	148	.55	.32	0	0	651	.3	
8. 2011	316	25	290	0	0	0	0	.4	0	0	4	1	
9. 2012	352	28	323	0	0	0	0	0	0	0	0	0	
10. 2013	198	16	182	0	0	15	0	13	0	0	28	0	
11. 2014	192	0	192	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	1,025	500	167	55	61	0	0	698	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	1	1	0	0	0	0	0	0	0	0	0
4.	0	0	1	1	0	0	0	0	0	0	0	1	0
5.	0	0	3	2	0	0	.1	.1	0	0	0	1	0
6.	0	0	.5	.2	0	0	.1	.1	0	0	0	.4	0
7.	0	0	140	.82	0	0	.45	.23	15	0	0	95	0
8.	0	0	.28	.11	0	0	.9	.2	.3	0	0	27	0
9.	0	0	.72	.25	0	0	.23	.5	.8	0	0	.74	0
10.	0	0	334	117	.5	0	108	.23	.35	0	0	341	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	584	242	5	0	189	55	62	0	0	543	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	.0	XXX	0	0
2.	.0	0	.0	.01	.01	.02	0	.0	.0	0	0
3.	15	1	13	.24	.09	.29	0	.0	.0	0	0
4.	.2	1	1	.06	.51	.02	0	.0	.0	0	0
5.	.4	3	1	1.8	14.8	.07	0	.0	.0	1	1
6.	.9	3	.6	6.1	.84	.54	0	.0	.0	2	1
7.	1,406	.660	.746	.2341	1,373.9	.1350	0	.0	.0	.58	.37
8.	.44	.13	.31	.13.9	.515	.106	0	.0	.0	.17	.10
9.	.104	.30	.74	.29.5	.1052	.229	0	.0	.0	.48	.26
10.	.509	140	.369	.2568	.8830	.2024	0	.0	.0	.216	.125
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	342	201

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported Direct and Assumed	
	1  Direct and Assumed	2  Ceded	3  Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	340	0	0	340	XXX	
2. 2005	6,179	1,557	4,622	1,849	500	646	137	401	0	0	2,260	37	
3. 2006	8,396	2,032	6,364	3,042	760	965	49	681	0	0	3,880	34	
4. 2007	8,234	2,130	6,104	2,731	800	1,433	133	642	0	0	3,873	46	
5. 2008	8,262	1,150	7,112	2,540	1,000	1,824	92	596	0	0	3,868	34	
6. 2009	7,770	1,772	5,998	3,090	500	1,766	55	702	0	0	5,004	59	
7. 2010	7,166	1,789	5,377	1,270	25	796	3	632	0	0	2,670	52	
8. 2011	5,984	1,546	4,438	2,303	458	945	80	510	0	0	3,221	35	
9. 2012	5,266	1,500	3,765	576	72	450	9	394	0	0	1,339	14	
10. 2013	5,102	1,695	3,406	0	0	71	0	142	0	0	213	0	
11. 2014	4,234	(177)	4,411	0	0	35	0	0	0	0	35	0	
12. Totals	XXX	XXX	XXX	17,403	4,115	8,932	558	5,040	0	0	26,702	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13  Direct and Assumed	14  Ceded	15  Direct and Assumed	16  Ceded	17  Direct and Assumed	18  Ceded	19  Direct and Assumed	20  Ceded	Direct and Assumed	Ceded			
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	1,000	500	(19)	(14)	20	10	0	(8)	41	0	0	554	0
5.	450	0	(3)	4	80	0	8	0	23	0	0	556	0
6.	0	0	.68	.28	0	0	.30	.7	.8	0	0	.70	0
7.	.375	0	.50	.32	262	0	.24	11	32	0	0	.700	0
8.	.525	0	205	113	177	0	.76	.34	51	0	0	.887	0
9.	1,225	350	454	159	310	19	219	.39	118	0	0	1,759	0
10.	3,106	400	312	131	884	.26	163	.33	203	0	0	4,078	0
11.	910	0	966	325	602	0	406	.75	174	0	0	2,658	0
12.	7,591	1,250	2,033	777	2,337	55	926	191	649	0	0	11,262	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34  Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount		
	26  Direct and Assumed	27  Ceded	28  Net	29  Direct and Assumed	30  Ceded	31  Net	32  Loss	33  Loss Expense		35  Losses Unpaid	36  Loss Expenses Unpaid	
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	.0	XXX	0	0	
2.	2,897	637	2,260	46.9	40.9	48.9	0	.0	0.0	0	0	
3.	4,689	809	3,880	55.8	39.8	61.0	0	.0	0.0	0	0	
4.	5,848	1,422	4,426	71.0	66.7	72.5	0	.0	0.0	494	60	
5.	5,519	1,096	4,423	66.8	95.3	62.2	0	.0	0.0	444	.112	
6.	5,665	.590	5,075	72.9	33.3	84.6	0	.0	0.0	.40	.31	
7.	3,440	70	3,370	48.0	.3.9	62.7	0	.0	0.0	.394	.306	
8.	4,793	.685	4,108	80.1	44.3	92.6	0	.0	0.0	.617	.270	
9.	3,746	.648	3,098	71.1	43.2	82.3	0	.0	0.0	.1,170	.590	
10.	4,881	.590	4,291	95.7	34.8	126.0	0	.0	0.0	2,887	1,191	
11.	3,093	400	2,693	73.0	(225.8)	61.0	0	0	0.0	1,551	1,107	
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	7,596	3,666	

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0	
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0	
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0	
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0	
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0	
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0	
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0	
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0	
11. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	

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

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

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0	
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0	
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0	
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0	
7. 2010	179	2	177	700	700	77	77	0	0	0	0	0	
8. 2011	.66	.1	65	0	0	0	0	0	0	0	0	0	
9. 2012	.17	.1	16	0	0	0	0	0	0	0	0	0	
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0	
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	700	700	77	77	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	656	656	0	0	47	47	56	0	0	56	0
8.	0	0	.17	.17	0	0	.1	.1	.1	0	0	.1	0
9.	0	0	0	0	0	0	2	0	0	0	0	.1	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	673	673	0	0	50	49	58	0	0	59	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Direct and Assumed	Ceded	Direct and Assumed
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	1,536	1,480	56	.858.9	.81,859.5	.31.8	0	0	0.0	0	.56
8.	.20	.18	.1	.29.9	.2,657.6	.2.3	0	0	0.0	0	.1
9.	.2	0	1	.10.1	.31.9	.8.2	0	0	0.0	0	.1
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	59

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2005	1,922	1,907	14	1	0	0	0	2	0	0	0	3	
3. 2006	3,796	3,526	270	4	0	14	0	13	0	0	0	32	
4. 2007	4,447	4,165	282	1,150	1,150	229	229	.8	0	0	0	8	
5. 2008	4,574	4,279	294	2,834	2,800	318	167	140	0	0	325	10	
6. 2009	4,489	4,059	430	8	0	.5	0	.61	0	0	.73	6	
7. 2010	4,761	4,601	160	5	0	11	0	.28	0	0	.44	3	
8. 2011	4,533	4,337	196	2	0	0	0	.38	0	0	.39	4	
9. 2012	3,481	3,212	270	.1,025	.1,021	1	0	.38	0	0	.43	1	
10. 2013	2,817	2,626	191	0	0	18	0	.38	0	0	.57	1	
11. 2014	2,056	(1,404)	3,460	2	0	9	0	0	0	0	11	0	
12. Totals	XXX	XXX	XXX	5,030	4,971	605	396	367	0	0	635	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded								
1.	0	0	0	0	0	0	0	0	0	0	0	0	0			
2.	0	0	.57	.57	0	0	.4	.4	.5	0	0	.5	0			
3.	0	0	187	187	0	0	13	13	16	0	0	16	0			
4.	.750	.750	.369	.369	.15	.15	.27	.27	.62	0	0	.62	0			
5.	0	0	.449	.449	0	0	.32	.32	.38	0	0	.38	0			
6.	0	0	.727	.727	0	0	.53	.53	.62	0	0	.62	0			
7.	0	0	.718	.718	0	0	.52	.52	.62	0	0	.62	0			
8.	0	0	1,241	1,240	0	0	.90	.90	.106	0	0	.108	0			
9.	.75	0	1,195	1,194	.74	0	.89	.87	.109	0	0	.262	0			
10.	1,505	1,500	1,412	1,408	.9	0	116	112	.183	0	0	.205	0			
11.	0	0	1,394	1,385	0	0	115	105	.121	0	0	139	0			
12.	2,330	2,250	7,749	7,735	98	15	590	574	.764	0	0	958	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	.0	XXX	0	0
2.	.69	.61	.8	.36	.32	.53.6	0	.0	.0	0	.5
3.	248	.200	.48	.6.5	.5.7	.17.6	0	.0	.0	0	.16
4.	2,610	2,540	.70	58.7	.61.0	.24.9	0	.0	.0	0	.62
5.	3,811	3,448	.363	.83.3	.80.6	.123.4	0	.0	.0	0	.38
6.	915	.780	.135	.20.4	.19.2	.31.4	0	.0	.0	0	.62
7.	.876	.770	.106	.18.4	.16.7	.66.2	0	.0	.0	0	.62
8.	1,477	1,330	.147	.32.6	.30.7	.75.2	0	.0	.0	.1	.107
9.	2,607	2,302	.305	.74.9	.71.7	.113.0	0	.0	.0	.77	.185
10.	3,281	3,020	.261	.116.5	.115.0	.136.8	0	.0	.0	9	.196
11.	1,640	1,490	150	79.8	(106.1)	4.3	0	0	.0	9	.130
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	94	864

Schedule P - Part 1I - Special Property  
**NONE**

Schedule P - Part 1J - Auto Physical  
**NONE**

Schedule P - Part 1K - Fidelity/Surety  
**NONE**

Schedule P - Part 1L - Other  
**NONE**

Schedule P - Part 1M - International  
**NONE**

Schedule P - Part 1N - Reinsurance  
**NONE**

Schedule P - Part 1O - Reinsurance  
**NONE**

Schedule P - Part 1P - Reinsurance  
**NONE**

Schedule P - Part 1R - Prod Liab Occur  
**NONE**

Schedule P - Part 1R - Prod Liab Claims  
**NONE**

Schedule P - Part 1S-Fin./Mtg. Guaranty  
**NONE**

Schedule P - Part 1T - Warranty  
**NONE**

Schedule P - Part 2A  
**NONE**

Schedule P - Part 2B  
**NONE**

Schedule P - Part 2C  
**NONE**

Schedule P - Part 2D  
**NONE**

Schedule P - Part 2E  
**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior	.31	24	13	7	4	1	1	0	0	0	0	0
2. 2005	115	.98	.57	.34	.20	.7	.5	.3	.2	.0	(2)	(3)
3. 2006	XXX	259	162	107	.68	30	.18	.10	.9	.1	(8)	(10)
4. 2007	XXX	XXX	.97	.72	.50	.24	.15	.8	.7	.1	(6)	(8)
5. 2008	XXX	XXX	XXX	.86	.66	.39	.24	.14	.11	.1	(10)	(13)
6. 2009	XXX	XXX	XXX	XXX	.65	.46	.35	.21	.18	.6	(12)	(15)
7. 2010	XXX	XXX	XXX	XXX	XXX	.347	.458	.779	.735	.699	(36)	(80)
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	.169	.123	.99	.24	(75)	(99)
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.226	.180	.66	(114)	(160)
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.153	.321	168	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	(95)	(388)

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

1. Prior	512	330	153	2	2	4	4	4	4	4	0	0
2. 2005	2,977	2,806	2,758	2,297	2,137	1,962	1,970	1,858	1,858	1,858	0	0
3. 2006	XXX	4,159	3,996	3,986	3,474	3,451	3,401	3,354	3,200	3,199	(1)	(155)
4. 2007	XXX	XXX	4,122	3,774	4,387	3,685	3,498	3,716	3,689	3,743	.54	.27
5. 2008	XXX	XXX	XXX	4,324	4,109	4,607	4,952	4,615	3,887	3,804	(83)	(811)
6. 2009	XXX	XXX	XXX	XXX	4,977	5,155	4,773	4,313	4,685	4,365	(320)	.52
7. 2010	XXX	XXX	XXX	XXX	XXX	4,435	4,088	3,775	2,713	2,707	(7)	(1,068)
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	4,205	4,098	3,953	3,547	(405)	(550)
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,120	3,219	2,587	(632)	(533)
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,627	3,946	319	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,519	XXX	XXX	XXX
										12. Totals	(1,075)	(3,039)

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

1. Prior	.0	0	0	0	0	0	0	0	0	0	0	0
2. 2005	.0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

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

1. Prior	.0	0	0	0	0	0	0	0	0	0	0	0
2. 2005	.0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	16	13	10	.5	0	(5)	(10)
8. 2011	XXX	XXX	XXX	XXX	XXX	6	.5	.3	0	0	(3)	(5)
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	14	.9	1	(8)	(13)	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	
										12. Totals	(16)	(28)

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

1. Prior	.0	0	0	0	0	0	0	0	0	0	0	0
2. 2005	129	104	.62	.34	.11	1	1	1	1	1	0	0
3. 2006	XXX	255	200	129	.50	.18	.19	.18	.18	.18	0	0
4. 2007	XXX	XXX	265	193	.67	.34	.26	.18	0	0	0	(18)
5. 2008	XXX	XXX	XXX	328	.225	.158	.161	.95	.63	.185	121	.90
6. 2009	XXX	XXX	XXX	XXX	.294	.173	.102	.60	.13	.12	(1)	(48)
7. 2010	XXX	XXX	XXX	XXX	XXX	.232	.213	.100	.19	.16	(3)	(84)
8. 2011	XXX	XXX	XXX	XXX	XXX	.200	.140	.17	.3	.15	(15)	(137)
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.178	.149	.158	9	(20)	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.182	.40	(142)	XXX	
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.29	XXX	XXX	
										12. Totals	(31)	(219)

Schedule P - Part 2I

**NONE**

Schedule P - Part 2J

**NONE**

Schedule P - Part 2K

**NONE**

Schedule P - Part 2L

**NONE**

Schedule P - Part 2M

**NONE**

Schedule P - Part 2N

**NONE**

Schedule P - Part 2O

**NONE**

Schedule P - Part 2P

**NONE**

Schedule P - Part 2R - Prod Liab Occur

**NONE**

Schedule P - Part 2R - Prod Liab Claims

**NONE**

Schedule P - Part 2S

**NONE**

Schedule P - Part 2T  
**NONE**

Schedule P - Part 3A  
**NONE**

Schedule P - Part 3B  
**NONE**

Schedule P - Part 3C  
**NONE**

Schedule P - Part 3D  
**NONE**

Schedule P - Part 3E  
**NONE**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$'000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior	000	0	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	1	1	1	1	1	1	1	1	1	0	1
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	.3	.3	.3	.3	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	.69	.619	.619	.619	2	1
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	1
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	15	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1. Prior	000	2	2	2	2	4	4	.4	.4	.4	0	.1
2. 2005	121	283	1,247	1,329	1,438	1,458	1,465	1,858	1,858	1,858	7	30
3. 2006	XXX	34	1,040	1,848	2,743	3,134	3,151	3,156	3,190	3,199	11	23
4. 2007	XXX	XXX	172	.594	1,943	2,982	3,100	3,165	3,198	3,230	9	37
5. 2008	XXX	XXX	XXX	154	.911	1,739	2,707	2,871	3,233	3,272	10	24
6. 2009	XXX	XXX	XXX	XXX	.385	.912	1,990	3,177	3,962	4,302	13	.46
7. 2010	XXX	XXX	XXX	XXX	XXX	.100	.627	1,341	1,922	2,039	.8	.44
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	.428	1,065	2,178	2,711	.4	.31
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	52	.702	945	0	.0	.14
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.35	71	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	0	0

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

1. Prior	000	0	0	0	0	0	0	0	0	0	XXX	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3. 2006	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	XXX	XXX
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	XXX	XXX
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	XXX	XXX
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX	XXX
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

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

1. Prior	000	0	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0

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

1. Prior	000	0	0	0	0	0	0	0	0	0	0	0
2. 2005	0	1	1	1	1	1	1	1	1	1	1	1
3. 2006	XXX	4	.18	.18	.18	.18	.18	.18	.18	.18	.4	1
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	1
5. 2008	XXX	XXX	XXX	23	.50	.56	.78	.63	.63	185	.7	3
6. 2009	XXX	XXX	XXX	XXX	3	9	12	12	12	12	.5	1
7. 2010	XXX	XXX	XXX	XXX	XXX	0	13	16	16	16	.1	2
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2	2
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	.5	.5	.1	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.9	18	0	1
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	0	0

Schedule P - Part 3I

**NONE**

Schedule P - Part 3J

**NONE**

Schedule P - Part 3K

**NONE**

Schedule P - Part 3L

**NONE**

Schedule P - Part 3M

**NONE**

Schedule P - Part 3N

**NONE**

Schedule P - Part 3O

**NONE**

Schedule P - Part 3P

**NONE**

Schedule P - Part 3R - Prod Liab Occur

**NONE**

Schedule P - Part 3R - Prod Liab Claims

**NONE**

Schedule P - Part 3S

**NONE**

Schedule P - Part 3T  
**NONE**

Schedule P - Part 4A  
**NONE**

Schedule P - Part 4B  
**NONE**

Schedule P - Part 4C  
**NONE**

Schedule P - Part 4D  
**NONE**

Schedule P - Part 4E  
**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	31	24	13	7	.4	1	1	0	0	0
2. 2005	115	98	57	34	20	7	4	3	2	0
3. 2006	XXX	258	162	107	68	29	17	10	8	0
4. 2007	XXX	XXX	97	72	50	24	15	8	7	1
5. 2008	XXX	XXX	XXX	86	66	39	24	14	11	1
6. 2009	XXX	XXX	XXX	XXX	65	46	32	18	15	3
7. 2010	XXX	XXX	XXX	XXX	XXX	254	66	161	116	80
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	169	123	99	24
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	226	180	66
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	123	301
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	444	329	152	0	0	0	0	0	0	0
2. 2005	1,658	658	545	189	188	0	0	0	0	0
3. 2006	XXX	3,025	1,042	429	235	101	.52	29	0	0
4. 2007	XXX	XXX	2,236	936	193	244	269	(9)	(20)	3
5. 2008	XXX	XXX	XXX	2,370	736	166	(9)	19	(34)	2
6. 2009	XXX	XXX	XXX	XXX	2,333	313	239	152	472	63
7. 2010	XXX	XXX	XXX	XXX	XXX	2,381	1,266	489	141	31
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	1,892	1,048	701	134
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,444	1,735	475
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,015	310
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	972

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

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	1	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	3	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	16	1
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	174	.40	.4
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	102	.8
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18

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

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	2.0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	1	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	3	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	16	1
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	174	.40	.4
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	102	.8
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18

Schedule P - Part 4I

**NONE**

Schedule P - Part 4J

**NONE**

Schedule P - Part 4K

**NONE**

Schedule P - Part 4L

**NONE**

Schedule P - Part 4M

**NONE**

Schedule P - Part 4N

**NONE**

Schedule P - Part 4O

**NONE**

Schedule P - Part 4P

**NONE**

Schedule P - Part 4R - Prod Liab Occur

**NONE**

Schedule P - Part 4R - Prod Liab Claims

**NONE**

Schedule P - Part 4S

**NONE**

Schedule P - Part 4T - Warranty

**NONE**

Schedule P - Part 5A- SN1

**NONE**

Schedule P - Part 5A- SN2

**NONE**

Schedule P - Part 5A- SN3

**NONE**

Schedule P - Part 5B- SN1

**NONE**

Schedule P - Part 5B- SN2

**NONE**

Schedule P - Part 5B- SN3

**NONE**

Schedule P - Part 5C- SN1

**NONE**

Schedule P - Part 5C- SN2

**NONE**

Schedule P - Part 5C- SN3

**NONE**

Schedule P - Part 5D- SN1

**NONE**

Schedule P - Part 5D- SN2  
**NONE**

Schedule P - Part 5D- SN3  
**NONE**

Schedule P - Part 5E- SN1  
**NONE**

Schedule P - Part 5E- SN2  
**NONE**

Schedule P - Part 5E- SN3  
**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

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

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	2	2	2
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	1	3	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	1	1	1	1	1	1	1	1	1
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	1	3	3	3	3
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

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

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	1	5	6	6	6	6	7	7	7
3. 2006	XXX	0	4	6	10	11	11	11	11	12
4. 2007	XXX	XXX	1	2	3	7	9	9	9	9
5. 2008	XXX	XXX	XXX	1	3	3	8	9	10	11
6. 2009	XXX	XXX	XXX	XXX	1	2	8	12	13	15
7. 2010	XXX	XXX	XXX	XXX	XXX	3	4	6	8	8
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	1	2	4	5
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	1	0	0	0	0	0	0	0	0	0
2. 2005	19	11	7	6	2	1	1	0	0	0
3. 2006	XXX	23	18	13	.4	2	2	2	1	1
4. 2007	XXX	XXX	32	27	14	5	3	2	1	1
5. 2008	XXX	XXX	XXX	20	20	18	12	7	4	4
6. 2009	XXX	XXX	XXX	XXX	34	34	19	4	2	2
7. 2010	XXX	XXX	XXX	XXX	XXX	31	24	12	5	5
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	27	14	8	8
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	15	17
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	11
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	26	34	37	37	37	37	37	37	37	37
3. 2006	XXX	22	35	35	35	35	35	35	35	34
4. 2007	XXX	XXX	35	46	46	46	47	47	47	46
5. 2008	XXX	XXX	XXX	22	37	38	38	38	38	34
6. 2009	XXX	XXX	XXX	XXX	41	59	61	61	61	59
7. 2010	XXX	XXX	XXX	XXX	XXX	35	55	57	57	53
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	34	43	43	36
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17	29	14
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	14
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

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

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

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

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	1	1	1	1	1	1	1	1	1
3. 2006	XXX	4	4	4	.4	4	.4	4	4	.4
4. 2007	XXX	XXX	0	0	.0	0	.0	0	0	.0
5. 2008	XXX	XXX	XXX	4	.6	6	.6	7	7	.7
6. 2009	XXX	XXX	XXX	XXX	.4	5	.5	5	5	.5
7. 2010	XXX	XXX	XXX	XXX	XXX	0	.1	1	1	.1
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	.2
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	.1
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	.0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	.0	0	0	.0	0	.0	0	0	.0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	.1	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	6	.3	1	.1	0	0	0
6. 2009	XXX	XXX	XXX	XXX	.2	1	.0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	1	.2	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	1
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	.0	0	0	.0	0	.0	0	0	.0
2. 2005	0	.2	2	2	.2	2	.2	2	2	.2
3. 2006	XXX	.4	.5	.5	.5	.5	.5	.5	.5	.5
4. 2007	XXX	XXX	1	1	.1	1	.1	1	1	.1
5. 2008	XXX	XXX	XXX	10	10	10	10	10	10	10
6. 2009	XXX	XXX	XXX	XXX	.6	6	.6	6	6	.6
7. 2010	XXX	XXX	XXX	XXX	XXX	1	.3	3	3	.3
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	.4	.4	4	.4
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	3	.1
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	.1
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

Schedule P - Part 5R- SN1A

**NONE**

Schedule P - Part 5R- SN2A

**NONE**

Schedule P - Part 5R- SN3A

**NONE**

Schedule P - Part 5R- SN1B

**NONE**

Schedule P - Part 5R- SN2B

**NONE**

Schedule P - Part 5R- SN3B

**NONE**

Schedule P - Part 5T- SN1

**NONE**

Schedule P - Part 5T- SN2

**NONE**

Schedule P - Part 5T- SN3

**NONE**

Schedule P - Part 6C - SN1

**NONE**

Schedule P - Part 6C - SN2

**NONE**

Schedule P - Part 6D - SN1

**NONE**

Schedule P - Part 6D - SN2

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

**SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX

**SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	66	66	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	17	17	17	17	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	1	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

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

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2005	1,922	1,922	1,922	1,922	1,922	1,922	1,922	1,922	1,922	1,922	0
3. 2006	XXX	3,796	3,796	3,796	3,796	3,796	3,796	3,796	3,796	3,796	0
4. 2007	XXX	XXX	4,447	4,447	4,447	4,447	4,447	4,447	4,447	4,447	0
5. 2008	XXX	XXX	XXX	4,574	4,574	4,574	4,574	4,574	4,574	4,574	0
6. 2009	XXX	XXX	XXX	XXX	4,489	4,489	4,489	4,489	4,489	4,489	0
7. 2010	XXX	XXX	XXX	XXX	4,716	4,716	4,716	4,716	4,716	4,716	0
8. 2011	XXX	XXX	XXX	XXX	XXX	4,533	4,533	4,533	4,533	4,533	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	3,481	3,481	3,481	3,481	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,817	2,817	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,056	2,056
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,056
13. Earned Premiums (Sc P-Pt 1)	1,922	3,796	4,447	4,574	4,489	4,761	4,533	3,481	2,817	2,056	XXX

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2005	1,907	1,907	1,907	1,907	1,907	1,907	1,907	1,907	1,907	1,907	0
3. 2006	XXX	3,526	3,526	3,526	3,526	3,526	3,526	3,526	3,526	3,526	0
4. 2007	XXX	XXX	4,165	4,165	4,165	4,165	4,165	4,165	4,165	4,165	0
5. 2008	XXX	XXX	XXX	4,279	4,279	4,279	4,279	4,279	4,279	4,279	0
6. 2009	XXX	XXX	XXX	XXX	4,059	4,059	4,059	4,059	4,059	4,059	0
7. 2010	XXX	XXX	XXX	XXX	XXX	4,601	4,601	4,601	4,601	4,601	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	4,337	4,337	4,337	4,337	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	3,212	3,212	3,212	3,212	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,626	2,626	2,626	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,404)	(1,404)
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,404)
13. Earned Premiums (Sc P-Pt 1)	1,907	3,526	4,165	4,279	4,059	4,601	4,337	3,212	2,626	(1,404)	XXX

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX

Schedule P - Part 6N - SN1

**NONE**

Schedule P - Part 6N - SN2

**NONE**

Schedule P - Part 6O - SN1

**NONE**

Schedule P - Part 6O - SN2

**NONE**

Schedule P - Part 6R - SN1A

**NONE**

Schedule P - Part 6R - SN2A

**NONE**

Schedule P - Part 6R - SN1B

**NONE**

Schedule P - Part 6R - SN2B

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

**SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS  
(\$000 OMITTED)**

**SECTION 1**

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....	.0		.0	.0		.0
2. Private Passenger Auto Liability/Medical .....	.0		.0	.0		.0
3. Commercial Auto/Truck Liability/Medical .....	.0		.0	.0		.0
4. Workers' Compensation .....	.0		.0	.0		.0
5. Commercial Multiple Peril .....	.0		.0	.0		.0
6. Medical Professional Liability-Occurrence .....	.543		.0	.192		.0
7. Medical Professional Liability -Claims-Made .....	.11,262		.0	.3,717		.0
8. Special Liability .....	.0		.0	.0		.0
9. Other Liability-Occurrence .....	.59		.0	.0		.0
10. Other Liability-Claims-Made .....	.958		.0	.3,468		.0
11. Special Property .....	.0		.0	.0		.0
12. Auto Physical Damage .....	.0		.0	.0		.0
13. Fidelity/Surety .....	.0		.0	.0		.0
14. Other .....	.0		.0	.0		.0
15. International .....	.0		.0	.0		.0
16. Reinsurance-Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance-Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance-Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability-Occurrence .....	.0		.0	.0		.0
20. Products Liability-Claims-Made .....	.0		.0	.0		.0
21. Financial Guaranty/Mortgage Guaranty .....	.0		.0	.0		.0
22. Warranty .....	.0		.0	.0		.0
23. Totals .....	12,823	0	0.0	7,377	0	0.0

**SECTION 2**

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										
	1 2005	2	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013	2014
1. Prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
2. 2005 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
3. 2006 .....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	
4. 2007 .....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	
5. 2008 .....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	
6. 2009 .....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	
7. 2010 .....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	
8. 2011 .....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	
9. 2012 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	
10. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	
11. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)										
	1 2005	2	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013	2014
1. Prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
2. 2005 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
3. 2006 .....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	
4. 2007 .....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	
5. 2008 .....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	
6. 2009 .....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	
7. 2010 .....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	
8. 2011 .....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	
9. 2012 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	
10. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	
11. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

**SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS**

**(continued)**

**SECTION 4**

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SECTION 5**

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

**SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS  
(\$000 OMITTED)**

**SECTION 1**

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....	0		0.0	0		0.0
2. Private Passenger Auto Liability/Medical .....	0		0.0	0		0.0
3. Commercial Auto/Truck Liability/Medical .....	0		0.0	0		0.0
4. Workers' Compensation .....	0		0.0	0		0.0
5. Commercial Multiple Peril .....	0		0.0	0		0.0
6. Medical Professional Liability-Occurrence .....	543		0.0	192		0.0
7. Medical Professional Liability -Claims- Made .....	11,262		0.0	3,717		0.0
8. Special Liability .....	0		0.0	0		0.0
9. Other Liability-Occurrence .....	59		0.0	0		0.0
10. Other Liability-Claims-made .....	958		0.0	3,468		0.0
11. Special Property .....	0		0.0	0		0.0
12. Auto Physical Damage .....	0		0.0	0		0.0
13. Fidelity/Surety .....	0		0.0	0		0.0
14. Other .....	0		0.0	0		0.0
15. International .....	0		0.0	0		0.0
16. Reinsurance-Nonproportional Assumed Property .....	0		0.0	0		0.0
17. Reinsurance-Nonproportional Assumed Liability .....	0		0.0	0		0.0
18. Reinsurance-Nonproportional Assumed Financial Lines .....	0		0.0	0		0.0
19. Products Liability-Occurrence .....	0		0.0	0		0.0
20. Products Liability-Claims-Made .....	0		0.0	0		0.0
21. Financial Guaranty/Mortgage Guaranty .....	0		0.0	0		0.0
22. Warranty .....	0		0.0	0		0.0
23. Totals .....	12,823	0	0.0	7,377	0	0.0

**SECTION 2**

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										
	1 2005	2	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013	2014
1. Prior .....	0	0	0	0	0	0	0	0	0	0	
2. 2005 .....	0	0	0	0	0	0	0	0	0	0	
3. 2006 .....	XXX	0	0	0	0	0	0	0	0	0	
4. 2007 .....	XXX	XXX	0	0	0	0	0	0	0	0	
5. 2008 .....	XXX	XXX	XXX	0	0	0	0	0	0	0	
6. 2009 .....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
7. 2010 .....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
8. 2011 .....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
9. 2012 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
10. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)										
	1 2005	2	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013	2014
1. Prior .....	0	0	0	0	0	0	0	0	0	0	
2. 2005 .....	0	0	0	0	0	0	0	0	0	0	
3. 2006 .....	XXX	0	0	0	0	0	0	0	0	0	
4. 2007 .....	XXX	XXX	0	0	0	0	0	0	0	0	
5. 2008 .....	XXX	XXX	XXX	0	0	0	0	0	0	0	
6. 2009 .....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
7. 2010 .....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
8. 2011 .....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
9. 2012 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
10. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

**SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS**

**(continued)**

**SECTION 4**

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SECTION 5**

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SECTION 6**

Years in Which Policies Were Issued	INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR END (\$000 OMITTED)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SECTION 7**

Years in Which Policies Were Issued	RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR END (\$000 OMITTED)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

# ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC

## SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.

1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost?

Yes  No

If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$ ..... 390

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes  No

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes  No

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes  No  N/A

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....		
1.602 2005.....		
1.603 2006.....		
1.604 2007.....		
1.605 2008.....		
1.606 2009.....		
1.607 2010.....		
1.608 2011 .....		
1.609 2012.....		
1.610 2013 .....		
1.611 2014.....		
1.612 Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes  No
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes  No
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes  No

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for: (in thousands of dollars)
- |              |          |
|--------------|----------|
| 5.1 Fidelity | \$ ..... |
| 5.2 Surety   | \$ ..... |
6. Claim count information is reported per claim or per claimant. (indicate which)..... CLAIM  
If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes  No
- 7.2 An extended statement may be attached.

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC**

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

Allocated By States and Territories

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

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/ Person(s)	15 *
01154.....	Coverys.....	11841.....	41-2111662.....				OHA Insurance Solutions, Inc.....	OH.....	RE.....	OHA Holdings, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
01154.....	Coverys.....	33111.....	38-2107424.....				MHA Insurance Company.....	MI.....	IA.....	FinCor Holdings, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
	Coverys.....	00000.....	20-0422258.....				FinCor Holdings, Inc.....	MI.....	UDP.....	Medical Professional Mutual Insurance Company.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
01154.....	Coverys.....	42510.....	91-1483910.....				Washington Casualty Company.....	WA.....	IA.....	FinCor Holdings, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
	Coverys.....	00000.....	20-4793831.....				The Risk Management and Patient Safety Institute.....	MI.....	NIA.....	FinCor Holdings, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
	Coverys.....	00000.....	38-3239347.....				Coverys Insurance Services, Inc.....	MI.....	NIA.....	FinCor Holdings, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
	Coverys.....	00000.....	AA-3770262.....				Capital Risk Solutions.....	CYM.....	OTH.....	FinCor Holdings, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	1
	Coverys.....	00000.....	04-3294777.....				ProMutual Group, Inc.....	MA.....	NIA.....	Medical Professional Mutual Insurance Company.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
01154.....	Coverys.....	10206.....	04-2595783.....				Medical Professional Mutual Insurance Company.....	MA.....	UIP.....			100.0	Medical Professional Mutual Insurance Company.....	0
01154.....	Coverys.....	20400.....	48-0516614.....				ProSelect National Insurance Company, Inc.....	AZ.....	IA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
01154.....	Coverys.....	10638.....	04-1012400.....				ProSelect Insurance Company.....	MA.....	IA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
	Coverys.....	00000.....	04-3311841.....				ProMutual Insurance Agency, Inc.....	MA.....	NIA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC

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

Asterisk	Explanation

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC.

## **SCHEDULE Y**

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

<b>MARCH FILING</b>		<b>RESPONSES</b>
1. Will an actuarial opinion be filed by March 1?		.....YES.....
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?		.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?		.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?		.....YES.....
<b>APRIL FILING</b>		
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?		.....YES.....
6. Will Management's Discussion and Analysis be filed by April 1?		.....YES.....
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?		.....YES.....
<b>MAY FILING</b>		
8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?		.....YES.....
<b>JUNE FILING</b>		
9. Will an audited financial report be filed by June 1?		.....YES.....
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?		.....YES.....
<b>AUGUST FILING</b>		
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?		.....YES.....
<p>The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an explanation following the interrogatory questions.</p>		
<b>MARCH FILING</b>		
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?		.....NO.....
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?		.....NO.....
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?		.....NO.....
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?		.....YES.....
16. Will the Trusted Surplus Statement be filed with the state of domicile and the NAIC by March 1?		.....NO.....
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?		.....NO.....
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?		.....NO.....
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?		.....NO.....
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?		.....YES.....
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?		.....YES.....
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?		.....NO.....
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?		.....NO.....
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?		.....NO.....
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?		.....NO.....
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?		.....NO.....
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?		.....NO.....

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

**APRIL FILING**

28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? .....NO.....
29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....NO.....
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....NO.....
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....NO.....
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? .....NO.....

**AUGUST FILING**

33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....YES.....

**Explanation:**

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**Bar Code:**

12.   
1 1 8 4 1 2 0 1 4 4 2 0 0 0 0 0 0 0

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE OHA INSURANCE SOLUTIONS, INC  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

18.   
1 1 8 4 1 2 0 1 4 4 0 1 0 0 0 0 0 0

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

22.   
1 1 8 4 1 2 0 1 4 4 0 0 0 0 0 0 0 0

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

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

25.   
1 1 8 4 1 2 0 1 4 2 2 4 0 0 0 0 0 0

26.   
1 1 8 4 1 2 0 1 4 2 2 5 0 0 0 0 0 0

27.   
1 1 8 4 1 2 0 1 4 2 2 6 0 0 0 0 0 0

28.   
1 1 8 4 1 2 0 1 4 2 3 0 5 9 0 0 0 0

29.   
1 1 8 4 1 2 0 1 4 3 0 6 0 0 0 0 0 0

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

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

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

**OVERFLOW PAGE FOR WRITE-INS**

P011 Additional Aggregate Lines for Page 11 Line 24.

\*EXEXP - Underwriting and Investment - Part 3 - Expenses

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
2404. Separation Agreement.....		1,100,000		1,100,000
2405. .....		0		0
2497. Summary of remaining write-ins for Line 24 from page 11	0	1,100,000	0	1,100,000



**SUPPLEMENT FOR DECEMBER 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	2,219,291	2,671,758	53,750	2	3,814,110	2,760,010	13 1,000,350
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 aliens .....	OT	0	0	0	0	0	0	0
59. Totals .....		2,219,291	2,671,758	53,750	2	3,814,110	2,760,010	13 1,000,350
<b>DETAILS OF WRITE-INS</b>								
58001 .....								
58002 .....								
58003 .....								
58998. Sum. of remaining write-ins for Line 58 from overflow page .....		0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) .....		0	0	0	0	0	0	0



**SUPPLEMENT FOR DECEMBER 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	1,387,977	1,754,468	.440,000	8	6,887,131	4,831,011	40	1,616,120
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 aliens .....	OT	0	0	0	0	0	0	0	
59. Totals .....		1,387,977	1,754,468	440,000	8	6,887,131	4,831,011	40	1,616,120
<b>DETAILS OF WRITE-INS</b>									
58001 .....									
58002 .....									
58003 .....									
58998. Sum. of remaining write-ins for Line 58 from overflow page .....		0	0	0	0	0	0	0	
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) .....		0	0	0	0	0	0	0	



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



**SUPPLEMENT FOR DECEMBER 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							
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24. Minnesota .....	MN							
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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 aliens .....	OT	0	0	0	0	0	0	0
59. Totals .....		0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>								
58001 .....								
58002 .....								
58003 .....								
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0

## ALPHABETICAL INDEX

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### ANNUAL STATEMENT BLANK

Assets	2
Cash Flow	5
Exhibit of Capital Gains (Losses)	12
Exhibit of Net Investment Income	12
Exhibit of Nonadmitted Assets	13
Exhibit of Premiums and Losses (State Page)	19
Five-Year Historical Data	17
General Interrogatories	15
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Notes To Financial Statements	14
Overflow Page For Write-Ins	100
Schedule A – Part 1	E01
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