



# QUARTERLY STATEMENT

AS OF MARCH 31, 2015  
OF THE CONDITION AND AFFAIRS OF THE

## OHA INSURANCE SOLUTIONS, INC

NAIC Group Code 01154 , 01154 NAIC Company Code 11841 Employer's ID Number 41-2111662  
(Current Period) (Prior Period)

Organized under the Laws of Ohio , State of Domicile or Port of Entry Ohio  
Country of Domicile United States

Incorporated/Organized 10/17/2003 Commenced Business 01/01/2004

Statutory Home Office 155 EAST BROAD STREET Suite 302 , COLUMBUS, OH, US 43215-3619  
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

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

Internet Web Site Address WWW.OHAINSURANCE.COM

Statutory Statement Contact Paul James DeFronzo 617-526-0382  
(Name) (Area Code) (Telephone Number) (Extension)  
pdefronzo@coverys.com 617-526-0384  
(E-Mail Address) (Fax Number)

### OFFICERS

Name	Title	Name	Title
<u>Gregg Lee Hanson</u>	<u>President, CEO &amp; Chair</u>	<u>Richard Gordon Hayes</u>	<u>Senior VP &amp; Treasurer</u>
<u>Mary Lynn Ursul</u>	<u>Executive Vice President</u>	<u>Joseph Gerard Murphy #</u>	<u>Chief Operating Officer</u>

### OTHER OFFICERS

\_\_\_\_\_

### DIRECTORS OR TRUSTEES

<u>Gregg Lee Hanson</u>	<u>Richard Gordon Hayes</u>	<u>Mary Lynn Ursul</u>	<u>Wayne Thomas Zack</u>
<u>Joseph Gerard Murphy #</u>	_____	_____	_____

State of .....Massachusetts.....

County of .....Suffolk.....ss

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

Gregg Lee Hanson  
President, CEO & Chair

Richard Gordon Hayes  
Senior VP & Treasurer

Mary Lynn Ursul  
Executive Vice President

a. Is this an original filing? Yes [X] No [ ]

b. If no:

1. State the amendment number \_\_\_\_\_

2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

STATEMENT AS OF MARCH 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	34,524,546		34,524,546	37,156,423
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	1,337,688		1,337,688	1,331,936
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....5,761,529 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....854,274 ) .....	6,615,803		6,615,803	3,617,317
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	42,478,037	0	42,478,037	42,105,676
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	303,208		303,208	316,385
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	425,727		425,727	880,740
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....	372,890	101,241	271,649	271,649
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	42,011	42,011	0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	88,200	88,200	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other-than-invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	43,710,073	231,452	43,478,621	43,574,450
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	43,710,073	231,452	43,478,621	43,574,450
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepaid Insurance .....			0	0
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	0	0

STATEMENT AS OF MARCH 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ .....325,065 ) .....	8,357,947	8,032,882
2. Reinsurance payable on paid losses and loss adjustment expenses .....		0
3. Loss adjustment expenses .....	4,562,752	4,789,801
4. Commissions payable, contingent commissions and other similar charges .....		0
5. Other expenses (excluding taxes, licenses and fees) .....	151,483	159,480
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....		0
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....	1,297,247	1,374,745
7.2 Net deferred tax liability .....		0
8. Borrowed money \$ ..... and interest thereon \$ .....		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ .....118,066 and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ ..... for medical loss ratio rebate per the Public Health Service Act) .....	818,432	1,333,190
10. Advance premium .....		0
11. Dividends declared and unpaid:		
11.1 Stockholders .....		0
11.2 Policyholders .....		0
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	687,640	538,157
13. Funds held by company under reinsurance treaties .....		0
14. Amounts withheld or retained by company for account of others .....		0
15. Remittances and items not allocated .....		0
16. Provision for reinsurance (including \$ ..... certified) .....		0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		0
18. Drafts outstanding .....		0
19. Payable to parent, subsidiaries and affiliates .....	533,944	237,108
20. Derivatives .....	0	0
21. Payable for securities .....	596,375	0
22. Payable for securities lending .....		0
23. Liability for amounts held under uninsured plans .....		0
24. Capital notes \$ ..... and interest thereon \$ .....		0
25. Aggregate write-ins for liabilities .....	(674,590)	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	16,331,230	16,465,363
27. Protected cell liabilities .....		0
28. Total liabilities (Lines 26 and 27) .....	16,331,230	16,465,363
29. Aggregate write-ins for special surplus funds .....	0	0
30. Common capital stock .....	1,000,000	1,000,000
31. Preferred capital stock .....		0
32. Aggregate write-ins for other than special surplus funds .....	0	0
33. Surplus notes .....		0
34. Gross paid in and contributed surplus .....	20,223,895	20,223,895
35. Unassigned funds (surplus) .....	5,923,496	5,885,195
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....		0
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....		0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) .....	27,147,391	27,109,090
38. Totals (Page 2, Line 28, Col. 3)	43,478,621	43,574,453
<b>DETAILS OF WRITE-INS</b>		
2501. Loss Suspense .....	(674,590)	0
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	(674,590)	0
2901. ....	0	
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above) .....	0	0

## STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 44,865 )	684,137	1,795,608	6,482,245
1.2 Assumed (written \$ )		0	0
1.3 Ceded (written \$ )	124,514	906,666	(1,581,170)
1.4 Net (written \$ 44,865 )	559,623	888,942	8,063,415
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 325,065 ):			
2.1 Direct	485,743	1,140,608	505,366
2.2 Assumed		0	0
2.3 Ceded	160,678	580,612	(138,012)
2.4 Net	325,065	559,996	643,378
3. Loss adjustment expenses incurred	151,411	301,536	899,915
4. Other underwriting expenses incurred	271,385	423,367	3,151,562
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	747,861	1,284,899	4,694,855
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(188,238)	(395,957)	3,368,560
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	206,737	226,227	909,227
10. Net realized capital gains (losses) less capital gains tax of \$ 9,465	28,395	33,554	7,642
11. Net investment gain (loss) (Lines 9 + 10)	235,132	259,781	916,869
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )		(2,415)	(2,415)
13. Finance and service charges not included in premiums		0	0
14. Aggregate write-ins for miscellaneous income	(5,887)	0	199,861
15. Total other income (Lines 12 through 14)	(5,887)	(2,415)	197,446
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	41,007	(138,591)	4,482,875
17. Dividends to policyholders		0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	41,007	(138,591)	4,482,875
19. Federal and foreign income taxes incurred	3,153	(48,507)	1,280,509
20. Net income (Line 18 minus Line 19)(to Line 22)	37,854	(90,084)	3,202,366
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	27,109,089	23,881,241	23,881,241
22. Net income (from Line 20)	37,854	(90,084)	3,202,366
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$	5,752	15,963	137,065
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax		0	(234,715)
27. Change in nonadmitted assets	(5,304)	170,701	91,252
28. Change in provision for reinsurance		0	0
29. Change in surplus notes		0	0
30. Surplus (contributed to) withdrawn from protected cells		0	0
31. Cumulative effect of changes in accounting principles		0	0
32. Capital changes:			
32.1 Paid in		0	0
32.2 Transferred from surplus (Stock Dividend)		0	0
32.3 Transferred to surplus		0	0
33. Surplus adjustments:			
33.1 Paid in		31,880	31,880
33.2 Transferred to capital (Stock Dividend)		0	0
33.3 Transferred from capital		0	0
34. Net remittances from or (to) Home Office		0	0
35. Dividends to stockholders		0	0
36. Change in treasury stock		0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	38,302	128,460	3,227,848
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	27,147,391	24,009,701	27,109,089
<b>DETAILS OF WRITE-INS</b>			
0501. Premium Deficiency reserve		0	0
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401. Miscellaneous Income		0	269,000
1402. Miscellaneous Expense	(5,887)	0	(44,451)
1403. Risk Management Programs		0	(24,688)
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	(5,887)	0	199,861
3701.		0	0
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

## CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	649,361	1,328,889	4,692,327
2. Net investment income .....	286,672	282,742	1,154,637
3. Miscellaneous income .....	(5,888)	(2,415)	197,446
4. Total (Lines 1 to 3) .....	930,145	1,609,216	6,044,409
5. Benefit and loss related payments .....	0	161,668	476,760
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	685,816	588,445	4,767,379
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 9,465 tax on capital gains (losses).....	90,116	40	(236,394)
10. Total (Lines 5 through 9) .....	775,932	750,153	5,007,745
11. Net cash from operations (Line 4 minus Line 10) .....	154,213	859,063	1,036,665
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	5,302,297	3,991,374	9,649,588
12.2 Stocks .....	0	0	1,000,000
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	596,375	34,162	2
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	5,898,672	4,025,536	10,649,590
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	2,699,465	3,885,304	10,259,812
13.2 Stocks .....	0	0	1,000,000
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	2,699,465	3,885,304	11,259,812
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	3,199,207	140,232	(610,222)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	31,880	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	(354,934)	206,987	23,509
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(354,934)	238,867	23,509
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	2,998,486	1,238,162	449,952
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	3,617,317	3,167,365	3,167,365
19.2 End of period (Line 18 plus Line 19.1) .....	6,615,803	4,405,527	3,617,317

STATEMENT AS OF MARCH 31, 2015 OF THE OHA Insurance Solutions, Inc.

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

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

There are no differences in the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the Commonwealth of Massachusetts.

Description	State	2015	2014
1 Net income, state basis	OH	\$ 37,854	\$ 3,202,367
2 Effect of state prescribed practices			
3 Effect of state permitted practices			
4 Net income, NAIC SAP basis			
		37,854	3,202,367
Description	State	2015	2014
5 Policyholders' surplus, state Basis	OH	\$ 27,147,391	\$ 27,109,089
6 Effect of state prescribed practices			
7 Effect of state permitted practices			
8 Policyholders' surplus, NAIC SAP basis			
		27,147,391	27,109,089

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

No significant change

C. Accounting Policy

Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair market value. The retrospective adjustment method is used to value all securities.

2. Accounting Changes and Correction of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Troubled Debt Restructuring for Creditors

None

C. Reverse Mortgages

None

D. Loan-Backed and Structured Securities

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

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

- a. The aggregate amount of unrealized losses:
  1. Less than 12 Months \$ ..... 26
  2. 12 Months or Longer \$ ..... 54,624
- b. The aggregate related fair value of securities with unrealized losses:
  1. Less than 12 Months \$ ..... 131,800
  2. 12 Months or Longer \$ ..... 2,408,533

E. Repurchase Agreements and/or Securities Lending Transactions

None

F. Real Estate

None

G. Low Income Housing Tax Credits

None

H. Restricted Assets

None

STATEMENT AS OF MARCH 31, 2015 OF THE OHA Insurance Solutions, Inc.

- I. Working Capital Finance Investments  
None
- J. Offsetting and Netting of Assets and Liabilities  
None
- K. Structured Notes  
None
6. Joint Ventures, Partnerships and Limited Liability Companies  
Not applicable
7. Investment Income  
No significant change
8. Derivative Instruments  
None
9. Income Taxes  
No significant change
10. Information Concerning Parent, Subsidiaries and Affiliates  
No significant changes
11. Debt  
None
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans  
No significant change
13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations  
No significant change
14. Contingencies
- A. Contingent Commitments  
The Company has no commitments or contingent commitments to affiliates or other entities.
- B. Guaranty Fund and Other Assessments  
The Company has not received any notice of an assessment due to the insolvency of an insurance company.
- C. Gain Contingencies  
None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits  
None
- E. Product Warranties Not applicable
- F. All other Contingencies  
Various lawsuits against the Company may arise in the course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no asset that it considers to be impaired.
15. Leases  
No significant change
16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments With Concentration of Credit Risk  
None
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities  
None
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans  
None
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators  
None
20. Fair Value Measurements
- A. Inputs Used for Assets and Liabilities Measured at Fair Value
- (I) Fair Value Measurements by Levels 1, 2 and 3
- The Company has categorized its assets and liabilities that are measured at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows:
- Level 1 - Quoted Prices in Active markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded preferred and common stocks. It also includes derivative liabilities for written call options on common stock which are also exchange traded. The estimated fair value of the equity securities and derivatives within this category are based on quoted prices in active markets and are thus classified as Level 1.

STATEMENT AS OF MARCH 31, 2015 OF THE OHA Insurance Solutions, Inc.

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

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

Description for each class of asset	Level 1	Level 2	Level 3	Total
Common Stock				
Industrial and Miscellaneous	1,337,688	-	-	1,337,688
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stock	1,337,688	-	-	1,337,688
<b>Total Assets at fair value</b>	<b>1,337,688</b>	<b>-</b>	<b>-</b>	<b>1,337,688</b>

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

(2) Roll forward of Level 3 Items

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

(3) Policy on Transfers Into and Out of Level 3

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

(4) Inputs and Techniques Used for Level 2 and Level 3 Fair Values

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

(5) Derivative Fair Values Not

applicable

B. Other Fair Value Disclosures Not

applicable

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

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	28,678,759	27,437,240	-	28,678,759	-	-
CMO	4,246,253	4,295,976	-	4,246,253	-	-
MBS	2,910,231	2,791,331	-	2,910,231	-	-
Common Stock	1,337,688	1,337,688	1,337,688	-	-	-
Short Term	854,274	854,274	854,274	-	-	-

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

Not applicable

21. Other Items

No significant change

22. Event Subsequent

None

23. Reinsurance

No significant change

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

None

25. Changes in Incurred Losses and Loss Adjustment Expenses

No significant change

26. Intercompany Pooling Agreements

None

27. Structured Settlements

None

28. Health Care Receivables

None

29. Participating Accident and Health Policies

None

30. Premium Deficiency Reserves

No significant change

31. High Deductibles

None

STATEMENT AS OF MARCH 31, 2015 OF THE OHA Insurance Solutions, Inc.

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

None

33. Asbestos/Environmental Reserves

None

34. Subscriber Savings Accounts

None

35. Multiple Peril Crop Insurance

None

36. Financial Guaranty Insurance

None

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [X] No [ ]
- 2.2 If yes, date of change: .....03/30/2015
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [X] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] NA [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2013
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....12/31/2008
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....08/09/2009
- 6.4 By what department or departments?  
Ohio Department of Insurance.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [X] No [ ] NA [ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [X]
- 7.2 If yes, give full information:  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [ ] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [ ] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

## GENERAL INTERROGATORIES

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

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

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
.....

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes  No

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

### FINANCIAL

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

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

### INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes  No

If no, attach a description with this statement.

**GENERAL INTERROGATORIES**

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

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

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

1 Name of Custodian(s)	2 Custodian Address
Northern Trust Company.....	50 South LaSalle Street, Chicago, IL 60675.....

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

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

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

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

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

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

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

18.2 If no, list exceptions:  
.....





STATEMENT AS OF MARCH 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

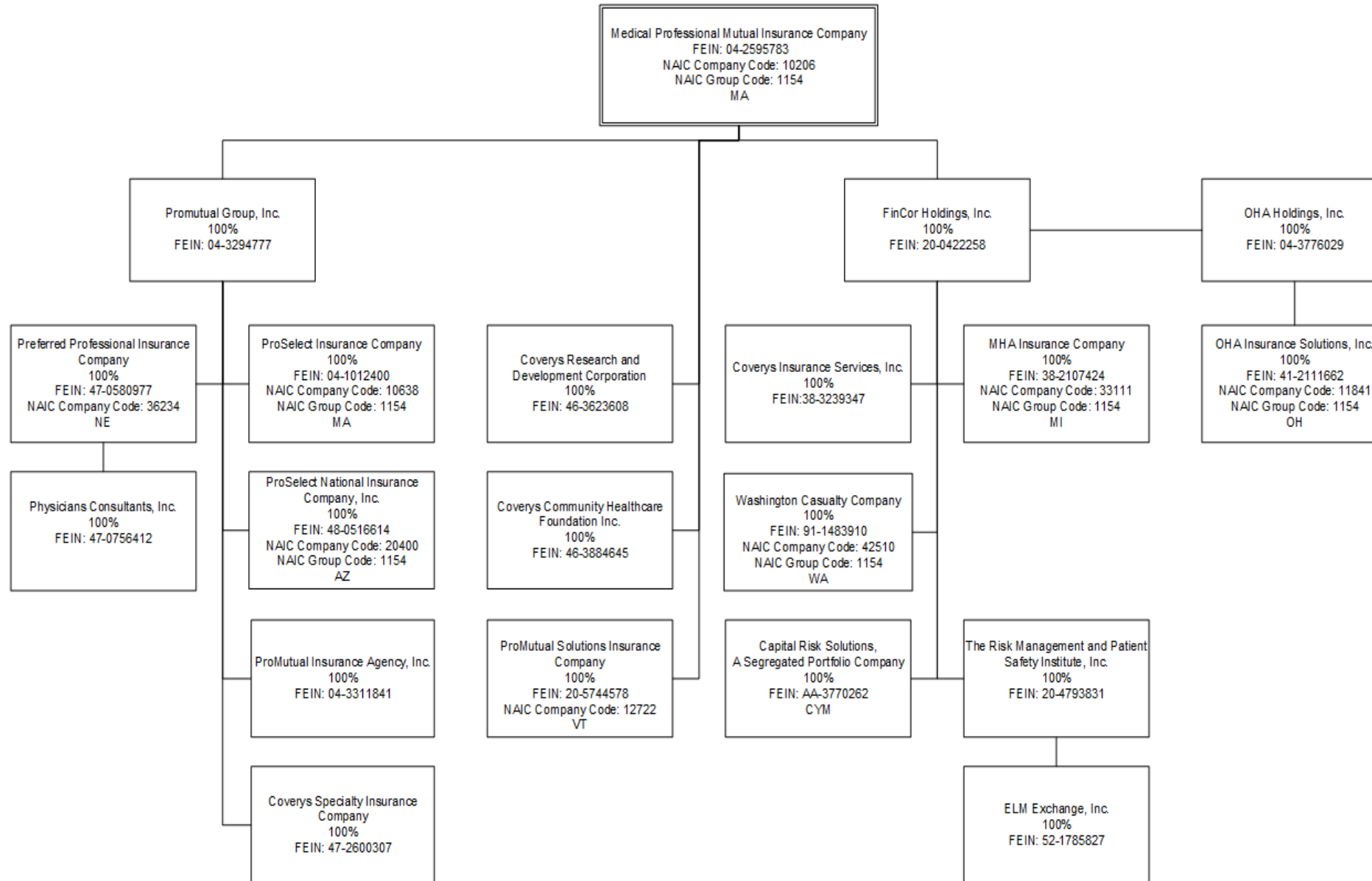
Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	N	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0
5. California	CA	N	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0
9. Dist. Columbia	DC	N	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0
15. Indiana	IN	N	0	0	0	0	0
16. Iowa	IA	N	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0
18. Kentucky	KY	N	0	0	0	0	0
19. Louisiana	LA	N	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0
34. No. Carolina	NC	N	0	0	0	0	0
35. No. Dakota	ND	N	0	0	0	0	0
36. Ohio	OH	L	44,865	3,392,449	0	21,445,494	5,625,023
37. Oklahoma	OK	N	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0
41. So. Carolina	SC	N	0	0	0	0	0
42. So. Dakota	SD	N	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0
59. Totals	(a) 1		44,865	3,392,449	0	21,445,494	5,625,023
<b>DETAILS OF WRITE-INS</b>							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX		0	0	0	0	0
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX		0	0	0	0	0

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

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

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



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STATEMENT AS OF MARCH 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
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		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



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

Asterisk	Explanation

**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire			0.0	0.0
2. Allied lines			0.0	0.0
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril			0.0	0.0
5. Commercial multiple peril			0.0	0.0
6. Mortgage guaranty			0.0	0.0
8. Ocean marine			0.0	0.0
9. Inland marine			0.0	0.0
10. Financial guaranty			0.0	0.0
11.1 Medical professional liability -occurrence			0.0	0.0
11.2 Medical professional liability -claims made	524,723	372,558	71.0	61.1
12. Earthquake			0.0	0.0
13. Group accident and health			0.0	0.0
14. Credit accident and health			0.0	0.0
15. Other accident and health			0.0	0.0
16. Workers' compensation			0.0	0.0
17.1 Other liability occurrence			0.0	0.0
17.2 Other liability-claims made	159,414	113,186	71.0	67.9
17.3 Excess Workers' Compensation			0.0	0.0
18.1 Products liability-occurrence			0.0	0.0
18.2 Products liability-claims made			0.0	0.0
19.1,19.2 Private passenger auto liability			0.0	0.0
19.3,19.4 Commercial auto liability			0.0	0.0
21. Auto physical damage			0.0	0.0
22. Aircraft (all perils)			0.0	0.0
23. Fidelity			0.0	0.0
24. Surety			0.0	0.0
26. Burglary and theft			0.0	0.0
27. Boiler and machinery			0.0	0.0
28. Credit			0.0	0.0
29. International			0.0	0.0
30. Warranty			0.0	0.0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
35. TOTALS	684,137	485,744	71.0	63.5
<b>DETAILS OF WRITE-INS</b>				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire	0		0
2. Allied lines	0		0
3. Farmowners multiple peril	0		0
4. Homeowners multiple peril	0		0
5. Commercial multiple peril	0		0
6. Mortgage guaranty	0		0
8. Ocean marine	0		0
9. Inland marine	0		0
10. Financial guaranty	0		0
11.1 Medical professional liability-occurrence	0		0
11.2 Medical professional liability-claims made	44,865	44,865	2,014,846
12. Earthquake	0		0
13. Group accident and health	0		0
14. Credit accident and health	0		0
15. Other accident and health	0		0
16. Workers' compensation	0		0
17.1 Other liability occurrence	0		0
17.2 Other liability-claims made	0		1,377,603
17.3 Excess Workers' Compensation	0		0
18.1 Products liability-occurrence	0		0
18.2 Products liability-claims made	0		0
19.1,19.2 Private passenger auto liability	0		0
19.3,19.4 Commercial auto liability	0		0
21. Auto physical damage	0		0
22. Aircraft (all perils)	0		0
23. Fidelity	0		0
24. Surety	0		0
26. Burglary and theft	0		0
27. Boiler and machinery	0		0
28. Credit	0		0
29. International	0		0
30. Warranty	0		0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0
35. TOTALS	44,865	44,865	3,392,449
<b>DETAILS OF WRITE-INS</b>			
3401.			
3402.			
3403.			
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0

STATEMENT AS OF MARCH 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2015 Loss and LAE Payments on Claims Reported as of Prior Year-End	2015 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2015 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2012 + Prior .....	3,696	1,709	5,405	125		125	3,646		1,910	5,556	75	201	276
2. 2013 .....	3,583	1,040	4,623	113		113	1,276		1,719	2,995	(2,194)	679	(1,515)
3. Subtotals 2013 + prior .....	7,279	2,749	10,028	238	0	238	4,922	0	3,629	8,551	(2,119)	880	(1,239)
4. 2014 .....	1,512	1,283	2,795	140		140	1,155		2,739	3,894	(217)	1,456	1,239
5. Subtotals 2014 + prior .....	8,791	4,032	12,823	378	0	378	6,077	0	6,368	12,445	(2,336)	2,336	0
6. 2015 .....	XXX	XXX	XXX	XXX		0	XXX		476	476	XXX	XXX	XXX
7. Totals .....	8,791	4,032	12,823	378	0	378	6,077	0	6,844	12,921	(2,336)	2,336	0
8. Prior Year-End Surplus As Regards Policy-holders	27,109										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. (26.6)	2. 57.9	3. 0.0
													Col. 13, Line 7 Line 8
													4. 0.0

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing 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.

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

**Explanation:**

- 1.
- 3.
- 4.

**Bar Code:**

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

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

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

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**SCHEDULE A – VERIFICATION**

**Real Estate**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....	0	0
2.2 Additional investment made after acquisition .....	0	0
3. Current year change in encumbrances .....	0	0
4. Total gain (loss) on disposals .....	0	0
5. Deduct amounts received on disposals .....	0	0
6. Total foreign exchange change in book/adjusted carrying value .....	0	0
7. Deduct current year's other-than-temporary impairment recognized .....	0	0
8. Deduct current year's depreciation .....	0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	0	0
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

NONE

**SCHEDULE B – VERIFICATION**

**Mortgage Loans**

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....	0	0
2.2 Additional investment made after acquisition .....	0	0
3. Capitalized deferred interest and other .....	0	0
4. Accrual of discount .....	0	0
5. Unrealized valuation increase (decrease) .....	0	0
6. Total gain (loss) on disposals .....	0	0
7. Deduct amounts received on disposals .....	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....	0	0
10. Deduct current year's other-than-temporary impairment recognized .....	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Total valuation allowance .....	0	0
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

NONE

**SCHEDULE BA – VERIFICATION**

**Other Long-Term Invested Assets**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....	0	0
2.2 Additional investment made after acquisition .....	0	0
3. Capitalized deferred interest and other .....	0	0
4. Accrual of discount .....	0	0
5. Unrealized valuation increase (decrease) .....	0	0
6. Total gain (loss) on disposals .....	0	0
7. Deduct amounts received on disposals .....	0	0
8. Deduct amortization of premium and depreciation .....	0	0
9. Total foreign exchange change in book/adjusted carrying value .....	0	0
10. Deduct current year's other-than-temporary impairment recognized .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8+9-10) .....	0	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

NONE

**SCHEDULE D – VERIFICATION**

**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	38,488,358	38,002,472
2. Cost of bonds and stocks acquired .....	2,699,465	11,259,812
3. Accrual of discount .....	2,441	10,579
4. Unrealized valuation increase (decrease) .....	5,752	137,065
5. Total gain (loss) on disposals .....	37,860	11,755
6. Deduct consideration for bonds and stocks disposed of .....	5,302,297	10,649,588
7. Deduct amortization of premium .....	69,345	283,737
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other-than-temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	35,862,234	38,488,358
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	35,862,234	38,488,358

STATEMENT AS OF MARCH 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	34,697,927	2,739,133	4,501,365	(66,903)	32,868,792	0	0	34,697,927
2. NAIC 2 (a).....	2,767,670	946,547	1,204,189	0	2,510,028	0	0	2,767,670
3. NAIC 3 (a).....	0	0	0	0	0	0	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	37,465,597	3,685,680	5,705,554	(66,903)	35,378,820	0	0	37,465,597
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0	0	0	0	0	0	0	0
9. NAIC 2.....	0	0	0	0	0	0	0	0
10. NAIC 3.....	0	0	0	0	0	0	0	0
11. NAIC 4.....	0	0	0	0	0	0	0	0
12. NAIC 5.....	0	0	0	0	0	0	0	0
13. NAIC 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	37,465,597	3,685,680	5,705,554	(66,903)	35,378,820	0	0	37,465,597

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 854,274 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

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## SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	854,274	XXX	854,274	13	0

## SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	309,176	294,107
2. Cost of short-term investments acquired .....	986,215	8,308,689
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	441,117	8,293,620
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	854,274	309,176
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	854,274	309,176

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

Schedule E - Verification

**NONE**

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

STATEMENT AS OF MARCH 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Special Revenue</b>									
39167J-BW-4	GREATER CLEVELAND REGL TRAN AU		.03/18/2015	PIPER JAFFRAY		305,123	250,000	0	1FE
45505M-DV-5	INDIANA ST FIN AUTH WASTEWATER		.02/04/2015	J.P. MORGAN		303,853	250,000	0	1FE
59259Y-4A-4	METROPOLITAN TRANSN AUTH N Y R		.01/22/2015	DONALDSON LUFKIN & JENRETTE SECURITIES C		298,733	250,000	174	1FE
60609Z-HZ-0	MISSOURI JT MUN ELEC UTIL COMMN P		.03/13/2015	J.P. MORGAN		291,253	250,000	0	1FE
681793-6N-0	OMAHA PUB PWR DIST NEB ELEC RE		.01/27/2015	DONALDSON LUFKIN & JENRETTE SECURITIES C		301,483	250,000	6,215	1FE
<b>3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>						1,500,445	1,250,000	6,389	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
124857-AP-8	CBS CORP NEW		.01/07/2015	VARIOUS		248,093	250,000	0	2FE
30231G-AF-9	EXXON MOBIL CORP		.03/18/2015	INCAPITAL LLC		252,475	250,000	320	1FE
345397-WY-5	FORD MOTOR CREDIT CO LLC		.03/09/2015	GOLDMAN SACHS & CO		201,166	200,000	1,847	2FE
40414L-AM-1	HCP INC		.01/13/2015	ISAAK BOND INVESTMENT		248,329	250,000	0	2FE
760759-AQ-3	REPUBLIC SVCS INC		.03/04/2015	J.P. MORGAN		248,960	250,000	0	2FE
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						1,199,023	1,200,000	2,167	XXX
<b>8399997 - Subtotals - Bonds - Part 3</b>						2,699,468	2,450,000	8,556	XXX
<b>8399999 - Subtotals - Bonds</b>						2,699,468	2,450,000	8,556	XXX
<b>9999999 Totals</b>						2,699,468	XXX	8,556	XXX

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

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STATEMENT AS OF MARCH 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Governments</b>																					
38376P-R5-1	GNMA 2009-116 KC		03/20/2015	PRINCIPAL RECEIPT		15,173	15,173	15,780	15,518	0	(345)	0	(345)	0	15,173	0	0	0	65	08/20/2037	1
38377L-OV-3	GNMA 2010-12 KH		03/20/2015	PRINCIPAL RECEIPT		14,559	14,559	15,173	14,970	0	(411)	0	(411)	0	14,559	0	0	0	51	12/20/2037	1
38378B-2T-5	GNMA 2012-150 A		03/16/2015	PRINCIPAL RECEIPT		9,353	9,353	9,505	9,478	0	(126)	0	(126)	0	9,353	0	0	0	26	11/16/2052	1
38378B-5S-4	GNMA 2013-15 AC		03/16/2015	PRINCIPAL RECEIPT		34,810	34,810	34,978	34,963	0	(153)	0	(153)	0	34,810	0	0	0	155	08/16/2051	1
38378K-DB-2	GNMA 2013-43 B		03/16/2015	PRINCIPAL RECEIPT		30,908	30,908	31,415	31,260	0	(352)	0	(352)	0	30,908	0	0	0	10	04/16/2039	1
912828-RH-5	9/30/18		03/23/2015	SMITH BARNEY INC		302,613	300,000	301,324	301,017	0	(59)	0	(59)	0	300,958	0	1,655	1,655	1,983	09/30/2018	1
912828-F3-9	US TREASURY N/B		03/23/2015	SMITH BARNEY INC		254,277	250,000	254,121	253,962	0	(180)	0	(180)	0	253,781	0	496	496	2,103	09/30/2019	1
912828-NP-1	US TREASURY N/B		03/23/2015	BARCLAYS CAPITAL SECURITIES		251,484	250,000	252,276	250,275	0	(105)	0	(105)	0	250,170	0	1,314	1,314	2,816	07/31/2015	1
912828-RJ-1	US TREASURY N/B		03/23/2015	MONTGOMERY SECURITIES		327,666	325,000	323,668	324,521	0	61	0	61	0	324,582	0	3,084	3,084	1,563	09/30/2016	1
<b>0599999 - Bonds - U.S. Governments</b>						1,240,843	1,229,803	1,238,240	1,235,964	0	(1,670)	0	(1,670)	0	1,234,294	0	6,549	6,549	8,772	XXX	XXX
<b>Bonds - All Other Governments</b>																					
68323A-CY-1	ONTARIO PROVINCE		03/18/2015	TD SECURITIES LLC		268,760	250,000	249,660	249,678	0	6	0	6	0	249,685	0	19,075	19,075	2,822	05/16/2024	1FE
<b>1099999 - Bonds - All Other Governments</b>						268,760	250,000	249,660	249,678	0	6	0	6	0	249,685	0	19,075	19,075	2,822	XXX	XXX
<b>Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>																					
64966K-YU-1	NEW YORK NY		03/19/2015	ISAAC BOND INVESTMENT		297,435	250,000	295,785	291,348	0	(1,264)	0	(1,264)	0	290,084	0	7,351	7,351	8,090	08/01/2021	1FE
825434-4M-2	SHREVEPORT LA		03/19/2015	BEAR STERNS & CO		287,875	250,000	290,765	290,077	0	(777)	0	(777)	0	289,300	0	(1,425)	(1,425)	5,278	09/01/2031	1FE
<b>2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>						585,310	500,000	586,550	581,425	0	(2,041)	0	(2,041)	0	579,384	0	5,926	5,926	13,368	XXX	XXX
<b>Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>																					
31393R-KV-1	FHLMC 2629 BN		03/16/2015	PRINCIPAL RECEIPT		9,832	9,832	10,210	9,874	0	(43)	0	(43)	0	9,832	0	0	0	45	03/15/2018	1
31398W-ST-7	FHLMC 3626 ED		03/16/2015	PRINCIPAL RECEIPT		20,307	20,307	20,942	20,494	0	(188)	0	(188)	0	20,307	0	0	0	89	06/15/2037	1
31398W-LZ-5	FHLMC 3636 EB		03/16/2015	PRINCIPAL RECEIPT		9,506	9,506	9,679	9,612	0	(106)	0	(106)	0	9,506	0	0	0	21	11/15/2018	1
3128M7-NY-8	FHLMC G05507		03/16/2015	PRINCIPAL RECEIPT		4,973	4,973	5,266	5,258	0	(285)	0	(285)	0	4,973	0	0	0	29	02/01/2039	1
3128M4-D4-9	FHLMC G08122		03/16/2015	PRINCIPAL RECEIPT		1,682	1,682	1,643	1,650	0	32	0	32	0	1,682	0	0	0	11	04/01/2036	1
3128M4-O7-8	FHLMC G08477		03/16/2015	PRINCIPAL RECEIPT		9,430	9,430	9,680	9,647	0	(217)	0	(217)	0	9,430	0	0	0	40	02/01/2042	1
3128MC-VR-0	FHLMC G14120		03/16/2015	PRINCIPAL RECEIPT		11,286	11,286	11,742	11,632	0	(346)	0	(346)	0	11,286	0	0	0	61	04/01/2026	1
3128PT-7B-5	FHLMC J14490		03/16/2015	PRINCIPAL RECEIPT		10,824	10,824	11,130	11,060	0	(236)	0	(236)	0	10,824	0	0	0	55	02/01/2026	1
3128K4-OX-6	FHLMC POOL A44070		03/16/2015	PRINCIPAL RECEIPT		4,182	4,182	3,900	3,953	0	230	0	230	0	4,182	0	0	0	28	04/01/2036	1
3128KK-GC-7	FHLMC POOL A56495		03/16/2015	PRINCIPAL RECEIPT		1,366	1,366	1,345	1,349	0	17	0	17	0	1,366	0	0	0	9	01/01/2037	1
31418N-XX-3	FNMA #AD1593		03/25/2015	PRINCIPAL RECEIPT		8,581	8,581	8,901	8,878	0	(297)	0	(297)	0	8,581	0	0	0	45	02/01/2040	1
31417Y-EZ-6	FNMA #AD1051		03/25/2015	PRINCIPAL RECEIPT		11,636	11,636	12,089	11,862	0	(226)	0	(226)	0	11,636	0	0	0	93	08/01/2019	1
31418A-EH-7	FNMA #IA1035		03/25/2015	PRINCIPAL RECEIPT		6,790	6,790	7,040	6,987	0	(197)	0	(197)	0	6,790	0	0	0	19	04/01/2027	1
31418B-BA-3	FNMA #IA1832		03/25/2015	PRINCIPAL RECEIPT		33,493	33,493	34,403	34,287	0	(794)	0	(794)	0	33,493	0	0	0	92	03/01/2024	1
31397N-ZX-2	FNMA 2009-44 AC		03/25/2015	PRINCIPAL RECEIPT		3,733	3,733	3,843	3,753	0	(20)	0	(20)	0	3,733	0	0	0	17	12/25/2023	1
31407H-ZH-2	FNMA POOL #831544		03/25/2015	PRINCIPAL RECEIPT		6,445	6,445	6,398	6,406	0	39	0	39	0	6,445	0	0	0	53	06/01/2036	1
31409X-HP-7	FNMA POOL #881438		03/25/2015	PRINCIPAL RECEIPT		846	846	852	850	0	(4)	0	(4)	0	846	0	0	0	5	07/01/2036	1
31413Y-N7-2	FNMA POOL #959514		03/25/2015	PRINCIPAL RECEIPT		2,936	2,936	2,965	2,956	0	(21)	0	(21)	0	2,936	0	0	0	12	12/01/2037	1
31416B-TA-6	FNMA POOL #95245		03/25/2015	PRINCIPAL RECEIPT		7,356	7,356	7,958	7,951	0	(596)	0	(596)	0	7,356	0	0	0	37	01/01/2039	1
31416C-CH-7	FNMA POOL #95672		03/25/2015	PRINCIPAL RECEIPT		6,071	6,071	6,281	6,276	0	(205)	0	(205)	0	6,071	0	0	0	38	04/01/2039	1
3138A2-B0-1	FNMA POOL #AH0946		03/25/2015	PRINCIPAL RECEIPT		19,193	19,193	19,242	19,230	0	(37)	0	(37)	0	19,193	0	0	0	85	12/01/2040	1
31368H-NM-1	FNMA POOL 190396		03/25/2015	PRINCIPAL RECEIPT		5,716	5,716	5,929	5,924	0	(208)	0	(208)	0	5,716	0	0	0	43	06/01/2039	1
54811G-SQ-4	LOWER CO RIV AUTH TX		03/19/2015	WACHOVIA SECURITIES		328,952	295,000	334,064	330,170	0	(2,211)	0	(2,211)	0	327,959	0	992	992	5,285	05/15/2018	1FE
<b>3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>						525,136	491,184	535,502	530,059	0	(5,919)	0	(5,919)	0	524,143	0	992	992	6,212	XXX	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
010392-FH-6	ALABAMA POWER CO		03/20/2015	DONALDSON LUFKIN & JENRETTE SE		199,812	200,000	199,788	199,907	0	26	0	26	0	199,933	0	(121)	(121)	489	10/15/2015	1FE
120568-AU-4	BUNGE LIMITED FINANCE CO		03/20/2015	SECURITIES		256,500	250,000	260,090	252,679	0	(482)	0	(482)	0	252,198	0	4,302	4,302	5,410	03/15/2016	2FE
22541L-AR-4	CREDIT SUISSE USA INC		01/15/2015	MATURITY		250,000	250,000	278,160	250,267	0	(267)	0	(267)	0	250,000	0	6,094	6,094	6,094	01/15/2015	1FE
345397-WJ-8	FORD MOTOR CREDIT CO		03/09/2015	MONTGOMERY SECURITIES		251,125	250,000	247,838	248,883	0	154	0	154	0	249,037	0	2,088	2,088	1,452	05/09/2016	2FE
361594-CS-8	GEMNT 2012-1 A		01/15/2015	PRINCIPAL RECEIPT		500,000	500,000	502,012	500,075	0	(75)	0	(75)	0	500,000	0	0	0	429	01/15/2018	1FE
46625V-SG-9	JPMCC 2005-LDPS A4A		03/16/2015	PRINCIPAL RECEIPT		22,831	22,831	25,073	23,239	0	(408)	0	(408)	0	22,831	0	0	0	145	08/15/2042	1FE
717081-DA-8	PFIZER INC		03/16/2015	MATURITY		250,000	250,000	271,160	250,819	0	(819)	0	(819)	0	250,000	0	0	0	6,888	03/15/2015	1FE
883556-BA-9	THERMO FISHER SCIENTIFIC		01/13/2015	TD SECURITIES LLC		253,915	250,000	256,363	253,945	0	(80)	0	(80)	0	253,864	0	51	51	2,359	08/15/2016	2FE
92343V-BF-0	VERIZON COMMUNICATIONS		03/05/2015	BEAR STERNS & CO		198,068	200,000	199,576	199,756	0	15	0	15	0	199,771	0	(1,703)	(1,703)	788	11/01/2017	2FE
63254A-AC-2	NATIONAL AUSTRALIA BANK		03/20/2015	DONALDSON LUFKIN & JENRETTE SE		250,980	250,000	249,840	249,967	0	12	0	12	0	249,979	0	1,001	1,001	2,533	08/07/2015	1FE
92857W-BE-9	VODAFONE GROUP PLC		03/20/2015	DONALDSON LUFKIN & JENRETTE SE		249,018	250,000	248,850	249,269	0	50	0	50	0	249,319	0	(301)	(301)	2,250	02/19/2018	2FE
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						2,682,249	2,6														

STATEMENT AS OF MARCH 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

**SCHEDULE D - PART 4**

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
8399997 - Subtotals - Bonds - Part 4						5,302,298	5,143,817	5,348,702	5,275,932	0	(11,498)	0	(11,498)	0	5,264,438	0	37,859	37,859	59,811	XXX	XXX
8399999 - Subtotals - Bonds						5,302,298	5,143,817	5,348,702	5,275,932	0	(11,498)	0	(11,498)	0	5,264,438	0	37,859	37,859	59,811	XXX	XXX
9999999 Totals						5,302,298	XXX	5,348,702	5,275,932	0	(11,498)	0	(11,498)	0	5,264,438	0	37,859	37,859	59,811	XXX	XXX

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

E05.1

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**



STATEMENT AS OF MARCH 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
<b>NONE</b>							
8699999 Total Cash Equivalents					0	0	0



**SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2015 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	44,575	400,630	0		284,451	2,566,005	13	2,062,692
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CAN								
58. Aggregate other alien OT	0	0	0	0	0	0	0	0
59. Totals	44,575	400,630	0	0	284,451	2,566,005	13	2,062,692
<b>DETAILS OF WRITE-INS</b>								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



**SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2015 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	290	124,093		88,106	6,931,010	36	(979,659)	
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA								
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX								
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA								
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI								
51. Wyoming	WY								
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other alien	OT	0	0	0	0	0	0	0	
59. Totals		290	124,093	0	0	88,106	6,931,010	36	(979,659)
<b>DETAILS OF WRITE-INS</b>									
58001.									
58002.									
58003.									
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0



**SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

Designate the type of health care providers reported on this page.  
Other Health Care Professionals

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CAN								
58. Aggregate other alien OT	0	0	0	0	0	0	0	0
59. Totals	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



**SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

Designate the type of health care providers reported on this page.  
Other Health Care Facilities

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CAN								
58. Aggregate other alien OT	0	0	0	0	0	0	0	0
59. Totals	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0