



QUARTERLY STATEMENT

AS OF JUNE 30, 2015
OF THE CONDITION AND AFFAIRS OF THE

OHA INSURANCE SOLUTIONS, INC

NAIC Group Code	0000	(Current Period)	01154	(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				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
Gregg Lee Hanson	President, CEO & Chair	Richard Gordon Hayes	Senior VP & Treasurer
Mary Lynn Ursul	Executive Vice President	Joseph Gerard Murphy #	Chief Operating Officer

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Gregg Lee Hanson	Richard Gordon Hayes	Mary Lynn Ursul	Wayne Thomas Zack
Joeshph Gerard Murphy #			

State ofMassachusetts.....
County ofSuffolk.....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
Subscribed and sworn to before me this _____ day of _____,		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 _____

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	34,575,097		34,575,097	37,156,423
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	1,335,233		1,335,233	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 (\$740,527), cash equivalents (\$0) and short-term investments (\$445,128)	1,185,655		1,185,655	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)	37,095,985	0	37,095,985	42,105,676
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	317,169		317,169	316,385
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	214,587		214,587	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	3,308,720		3,308,720	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	85,745		85,745	0
18.2 Net deferred tax asset	287,785	65,832	221,953	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)	41,440,202	196,043	41,244,159	43,574,450
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	41,440,202	196,043	41,244,159	43,574,450
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Insurance			0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ 474,338)	7,583,440	8,032,882
2. Reinsurance payable on paid losses and loss adjustment expenses		0
3. Loss adjustment expenses	4,174,126	4,789,801
4. Commissions payable, contingent commissions and other similar charges		0
5. Other expenses (excluding taxes, licenses and fees)	182,072	159,480
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	(76,056)	0
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))		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 \$ 55,749 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)	562,114	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	718,015	237,108
20. Derivatives	0	0
21. Payable for securities		0
22. Payable for securities lending		0
23. Liability for amounts held under uninsured plans		0
24. Capital notes \$ and interest thereon \$		0
25. Aggregate write-ins for liabilities	62,323	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	13,893,674	16,465,363
27. Protected cell liabilities		0
28. Total liabilities (Lines 26 and 27)	13,893,674	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)	6,126,589	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)	27,350,484	27,109,090
38. Totals (Page 2, Line 28, Col. 3)	41,244,158	43,574,453
DETAILS OF WRITE-INS		
2501. Loss Suspense	62,323	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)	62,323	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT OF INCOME

	1	2	3
	Current Year	Prior Year	Prior Year Ended
	to Date	to Date	December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 49,731)	1,007,638	3,282,895	6,482,245
1.2 Assumed (written \$)		0	0
1.3 Ceded (written \$)	186,831	1,389,122	(1,581,170)
1.4 Net (written \$ 49,731)	820,807	1,893,773	8,063,415
DEDUCTIONS:			
2. Losses incurred (current accident year \$)::			
2.1 Direct	715,432	2,075,203	505,366
2.2 Assumed		0	0
2.3 Ceded	241,094	1,209,149	(138,012)
2.4 Net	474,338	866,054	643,378
3. Loss adjustment expenses incurred	(22,326)	466,337	899,915
4. Other underwriting expenses incurred	573,860	2,222,269	3,151,562
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	1,025,872	3,554,660	4,694,855
7. Net income of protected cells		0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(205,065)	(1,660,887)	3,368,560
INVESTMENT INCOME			
9. Net investment income earned	421,270	450,887	909,227
10. Net realized capital gains (losses) less capital gains tax of \$ 13,251	24,609	7,162	7,642
11. Net investment gain (loss) (Lines 9 + 10)	445,879	458,049	916,869
OTHER INCOME			
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	(6,325)	0	199,861
15. Total other income (Lines 12 through 14)	(6,325)	(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)	234,489	(1,205,253)	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)	234,489	(1,205,253)	4,482,875
19. Federal and foreign income taxes incurred	(58,610)	(72,432)	1,280,509
20. Net income (Line 18 minus Line 19)(to Line 22)	293,099	(1,132,821)	3,202,366
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	27,109,089	23,881,241	23,881,241
22. Net income (from Line 20)	293,099	(1,132,821)	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 \$	3,297	73,448	137,065
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	(85,105)	0	(234,715)
27. Change in nonadmitted assets	30,104	63,009	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	644,901	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	241,395	(319,582)	3,227,848
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	27,350,484	23,561,659	27,109,089
DETAILS OF WRITE-INS			
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	(6,325)	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)	(6,325)	0	199,861
3701. Audit Adjustment		644,901	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	644,901	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	.865,367	1,716,367	4,692,327
2. Net investment income .....	.592,807	.564,130	1,154,637
3. Miscellaneous income	(6,325)	(2,415)	197,446
4. Total (Lines 1 to 3)	1,451,849	2,278,082	6,044,409
5. Benefit and loss related payments	4,232,500	(673,919)	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	1,262,137	3,916,584	4,767,379
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	1,415,131	(347,254)	(236,394)
10. Total (Lines 5 through 9)	6,909,768	2,895,411	5,007,745
11. Net cash from operations (Line 4 minus Line 10)	(5,457,919)	(617,329)	1,036,665
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	6,756,773	7,291,956	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	0	0	2
12.8 Total investment proceeds (Lines 12.1 to 12.7)	6,756,773	7,291,955	10,649,590
13. Cost of investments acquired (long-term only):			
13.1 Bonds	4,268,441	7,538,784	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)	4,268,441	7,538,784	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)	2,488,332	(246,829)	(610,222)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	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).....	537,925	178,525	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).....	537,925	210,405	23,509
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(2,431,662)	(653,753)	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)	1,185,655	2,513,612	3,617,317

NOTES TO FINANCIAL STATEMENTS

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	\$ 293,099	\$ 3,202,367
2 Effect of state prescribed practices			
3 Effect of state permitted practices			
4 Net income, NAIC SAP basis		293,099	3,202,367
Description	State	2015	2014
5 Policyholders' surplus, state Basis	OH	\$ 27,109,089	\$ 27,109,089
6 Effect of state prescribed paractices			
7 Effect of state permitted practices			
8 Policyholders' surplus, NAIC SAP basis		27,109,089	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

2. 12 Months or Longer

\$.....

\$.....

1,63049,517
- b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months

2. 12 Months or Longer

\$.....

\$.....

1,265,1571,444,998

E. Repurchase Agreements and/or Securities Lending Transactions

None

F. Real Estate

None

G. Low Income Housing Tax Credits

None

NOTES TO FINANCIAL STATEMENTS

H.	Restricted Assets	None
I.	Working Capital Finance Investments	None
J.	Offsetting and Netting of Assets and Liabilities	None
K.	Structured Notes	None
6.	<u>Joint Ventures, Partnerships and Limited Liability Companies</u>	Not applicable
7.	<u>Investment Income</u>	No significant change
8.	<u>Derivative Instruments</u>	None
9	<u>Income Taxes</u>	No significant change
10.	<u>Information Concerning Parent, Subsidiaries and Affiliates</u>	No significant changes
11.	<u>Debt</u>	None
12.	<u>Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans</u>	No significant change
13.	<u>Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations</u>	No significant change
14.	<u>Contingencies</u>	<div><div>A. Contingent Commitments</div><div>The Company has no commitments or contingent commitments to affiliates or other entities.</div><div>B. Guaranty Fund and Other Assessments</div><div>The Company has not received any notice of an assessment due to the insolvency of an insurance company.</div><div>C. Gain Contingencies</div><div>None</div><div>D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits</div><div>None</div><div>E. Product Warranties Not</div><div>applicable</div><div>F. All other Contingencies</div><div>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.</div></div>
15.	<u>Leases</u>	No significant change
16.	<u>Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments With Concentration of Credit Risk</u>	None
17.	<u>Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities</u>	None
18.	<u>Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans</u>	None
19.	<u>Direct Premium Written/Produced by Managing General Agents/Third Party Administrators</u>	None
20.	<u>Fair Value Measurements</u>	<div><div>A. Inputs Used for Assets and Liabilities Measured at Fair Value</div><div>(I) Fair Value Measurements by Levels 1, 2 and 3</div><div>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</div></div>

NOTES TO FINANCIAL STATEMENTS

table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows:

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

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

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

Description for each class of asset	Level 1		Level 2		Level 3		Total
Common Stock							
Industrial and Miscellaneous	\$	1335,233	\$	-	\$	-	\$ 1335,233
Parent, Subsidiaries and Affiliates		-		-		-	-
Total Common Stock	\$	1335,233	\$	-	\$	-	\$ 1335,233
Total Assets at fair value	\$	1335,233	\$	-	\$	-	\$ 1335,233

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 Financial Instruments Disclosures	Not applicable	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
	Bond	\$ 28,676,783	\$ 27,933,948	\$ -	\$ 28,676,783	\$ -	\$ -
C. Fair Values for All Financial Instruments by Levels 1, 2 and 3	GMO	\$ 3,976,965	\$ 4,024,145	\$ -	\$ 3,976,965	\$ -	\$ -
	MBS	\$ 2,702,939	\$ 2,617,005	\$ -	\$ 2,702,939	\$ -	\$ -
	Other Equity method (subsidiaries, joint ventures and ventures)	\$ 1335,233	\$ 1335,233	\$ 1335,233	\$ -	\$ -	\$ -
	described above in Note 20A. This was not practicable for mortgage loans as described below in Note 20D.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Total Assets	\$ 37,137,048	\$ 36,355,459	\$ 1,780,361	\$ 35,356,687	\$ -	\$ -

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

NOTES TO FINANCIAL STATEMENTS

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
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 ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☒ No ☐
- 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 ☒ 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 ☒
- 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 ☒
- 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 ☒ 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 ☒
- 6.6

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

Yes ☒ 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 ☒
- 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 ☒
- 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 ☒
- 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?
(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.

Yes [X] No []

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 [X]

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 [X]

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 [X]

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 [X]

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 [X]

14.2

If yes, please complete the following:

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

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [] No []

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity’s security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page
- \$

\$

\$

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

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

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

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

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

1	2	3	4
Old Custodian	New Custodian	Date of Change	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	2	3
Central Registration Depository	Name(s)	Address
107680.....	Prime Advisors.....	22635 NE Marketplace Dr Redmond, WA 98053.....

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?
- 18.2 If no, list exceptions:
-
- Yes [X] No []

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

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

3.2 If yes, give full and complete information thereto.
.....

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:
5.1 A&H loss percent %
5.2 A&H cost containment percent %
5.3 A&H expense percent excluding cost containment expenses %

6.1 Do you act as a custodian for health savings accounts?..... Yes [] No [X]
6.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$
6.3 Do you act as an administrator for health savings accounts?..... Yes [] No [X]
6.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$

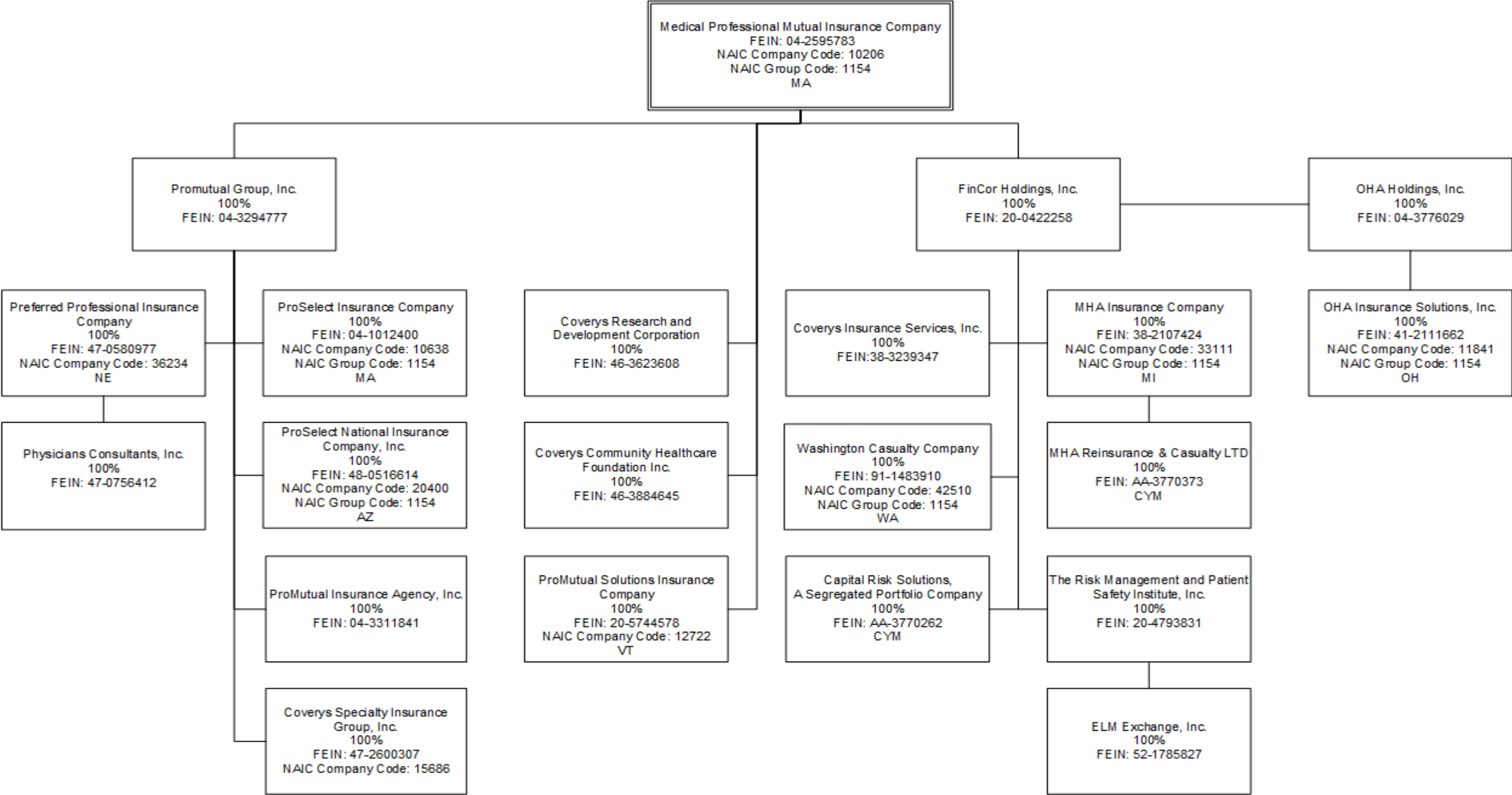
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories							
States, etc.	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama	AL..N		.0		.0		.0
2. Alaska	AK..N		.0		.0		.0
3. Arizona	AZ..N		.0		.0		.0
4. Arkansas	AR..N		.0		.0		.0
5. California	CA..N		.0		.0		.0
6. Colorado	CO..N		.0		.0		.0
7. Connecticut	CT..N		.0		.0		.0
8. Delaware	DE..N		.0		.0		.0
9. Dist. Columbia	DC..N		.0		.0		.0
10. Florida	FL..N		.0		.0		.0
11. Georgia	GA..N		.0		.0		.0
12. Hawaii	HI..N		.0		.0		.0
13. Idaho	ID..N		.0		.0		.0
14. Illinois	IL..N		.0		.0		.0
15. Indiana	IN..N		.0		.0		.0
16. Iowa	IA..N		.0		.0		.0
17. Kansas	KS..N		.0		.0		.0
18. Kentucky	KY..N		.0		.0		.0
19. Louisiana	LA..N		.0		.0		.0
20. Maine	ME..N		.0		.0		.0
21. Maryland	MD..N		.0		.0		.0
22. Massachusetts	MA..N		.0		.0		.0
23. Michigan	MI..N		.0		.0		.0
24. Minnesota	MN..N		.0		.0		.0
25. Mississippi	MS..N		.0		.0		.0
26. Missouri	MO..N		.0		.0		.0
27. Montana	MT..N		.0		.0		.0
28. Nebraska	NE..N		.0		.0		.0
29. Nevada	NV..N		.0		.0		.0
30. New Hampshire	NH..N		.0		.0		.0
31. New Jersey	NJ..N		.0		.0		.0
32. New Mexico	NM..N		.0		.0		.0
33. New York	NY..N		.0		.0		.0
34. No. Carolina	NC..N		.0		.0		.0
35. No. Dakota	ND..N		.0		.0		.0
36. Ohio	OH..L	49,731	4,260,896	4,232,500	316,692	17,442,683	5,955,336
37. Oklahoma	OK..N		.0		.0		.0
38. Oregon	OR..N		.0		.0		.0
39. Pennsylvania	PA..N		.0		.0		.0
40. Rhode Island	RI..N		.0		.0		.0
41. So. Carolina	SC..N		.0		.0		.0
42. So. Dakota	SD..N		.0		.0		.0
43. Tennessee	TN..N		.0		.0		.0
44. Texas	TX..N		.0		.0		.0
45. Utah	UT..N		.0		.0		.0
46. Vermont	VT..N		.0		.0		.0
47. Virginia	VA..N		.0		.0		.0
48. Washington	WA..N		.0		.0		.0
49. West Virginia	WV..N		.0		.0		.0
50. Wisconsin	WI..N		.0		.0		.0
51. Wyoming	WY..N		.0		.0		.0
52. American Samoa	AS..N		.0		.0		.0
53. Guam	GU..N		.0		.0		.0
54. Puerto Rico	PR..N		.0		.0		.0
55. U.S. Virgin Islands	VI..N		.0		.0		.0
56. Northern Mariana Islands	MP..N		.0		.0		.0
57. Canada	CAN..N		.0		.0		.0
58. Aggregate Other Alien	OT..XXX	.0	.0	.0	.0	.0	.0
59. Totals	(a) 1	49,731	4,260,896	4,232,500	316,692	17,442,683	5,955,336
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	.0	.0	.0	.0	.0	.0
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0

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

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

11



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

12.1

12.1

12.1

12.1

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	774,921	550,201	71.0	61.0
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	232,717	165,231	71.0	67.5
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	1,007,638	715,432	71.0	63.2
DETAILS OF WRITE-INS					
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 Current Quarter	2 Current Year to Date	3 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	4,866	49,731	2,675,906
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		1,584,990
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	4,866	49,731	4,260,896
DETAILS OF WRITE-INS				
3401.	.....		
3402.	.....		
3403.	.....		
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	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	995		995	2,602		1,574	4,176	(99)	(135)	(234)
2. 2013	3,583	1,040	4,623	187		187	962		1,618	2,580	(2,434)	578	(1,856)
3. Subtotals 2013 + prior	7,279	2,749	10,028	1,182	0	1,182	3,564	0	3,192	6,756	(2,533)	443	(2,090)
4. 2014	1,512	1,283	2,795	282		282	1,084		2,541	3,625	(146)	1,258	1,112
5. Subtotals 2014 + prior	8,791	4,032	12,823	1,464	0	1,464	4,648	0	5,733	10,381	(2,679)	1,701	(978)
6. 2015	XXX	XXX	XXX	XXX	53	53	XXX	649	728	1,377	XXX	XXX	XXX
7. Totals	8,791	4,032	12,823	1,464	53	1,517	4,648	649	6,461	11,758	(2,679)	1,701	(978)
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. (30.5)	2. 42.2	3. (7.6)
											Col. 13, Line 7 Line 8		
											4. (3.6)		

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.

	Response
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.

11841201549000002

3.

11841201536500002

4.

11841201550500002

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

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

SCHEDULE B – VERIFICATION

Mortgage Loans

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

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	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	4,268,441	11,259,812
3. Accrual of discount	4,646	10,579
4. Unrealized valuation increase (decrease)	3,297	137,065
5. Total gain (loss) on disposals	37,860	11,755
6. Deduct consideration for bonds and stocks disposed of	6,756,773	10,649,588
7. Deduct amortization of premium	135,500	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)	35,910,329	38,488,358
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	35,910,329	38,488,358

STATEMENT AS OF JUNE 30, 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
BONDS								
1. NAIC 1 (a).....	32,868,792	1,937,260	2,231,906	(60,344)	32,868,792	32,513,802	0	34,697,927
2. NAIC 2 (a).....	2,510,028	0	0	(3,605)	2,510,028	2,506,423	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	35,378,820	1,937,260	2,231,906	(63,949)	35,378,820	35,020,225	0	37,465,597
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	35,378,820	1,937,260	2,231,906	(63,949)	35,378,820	35,020,225	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 \$445,128 ; NAIC 2 \$0 ;
NAIC 3 \$0 ; NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

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	445,128	XXX	445,128	28	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	1,354,499	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	1,218,547	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).....	445,128	309,176
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	445,128	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

E04

[illegible]

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

STATEMENT AS OF JUNE 30, 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	F o r e i g n	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)
Bonds - U.S. Governments																					
38376P-R5-1...	GNMA 2009-116 KC.....		06/22/2015..	PRINCIPAL RECEIPT.....		19,373	19,373	20,148	19,814	0	(441)	0	(441)	0	19,373	0	0	0	242	08/20/2037..	1
38377L-QV-3...	GNMA 2010-12 KH.....		06/22/2015..	PRINCIPAL RECEIPT.....		14,320	14,320	14,924	14,724	0	(404)	0	(404)	0	14,320	0	0	0	150	12/20/2037..	1
38378B-2T-5...	GNMA 2012-150 A.....		06/16/2015..	PRINCIPAL RECEIPT.....		12,318	12,318	12,518	12,483	0	(165)	0	(165)	0	12,318	0	0	0	92	11/16/2052..	1
38378B-5S-4...	GNMA 2013-15 AC.....		06/16/2015..	PRINCIPAL RECEIPT.....		2,273	2,273	2,284	2,283	0	(10)	0	(10)	0	2,273	0	0	0	17	08/16/2051..	1
38378K-DB-2...	GNMA 2013-43 B.....		06/16/2015..	PRINCIPAL RECEIPT.....		4,491	4,491	4,564	4,542	0	(51)	0	(51)	0	4,491	0	0	0	37	04/16/2039..	1
0599999 - Bonds - U.S. Governments						52,775	52,774	54,438	53,846	0	(1,071)	0	(1,071)	0	52,775	0	0	0	538	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
3130A1-LJ-5...	FHLB.....		04/28/2015..	CALLED @ 100.0000000.....		500,000	500,000	505,605	501,824	0	(1,824)	0	(1,824)	0	500,000	0	0	0	4,063	04/28/2017..	1
31393R-KV-1...	FHLMC 2629 BN.....		06/15/2015..	PRINCIPAL RECEIPT.....		7,867	7,867	8,169	7,901	0	(34)	0	(34)	0	7,867	0	0	0	119	03/15/2018..	1
31398W-ST-7...	FHLMC 3626 ED.....		06/15/2015..	PRINCIPAL RECEIPT.....		21,927	21,927	22,613	22,130	0	(203)	0	(203)	0	21,927	0	0	0	299	06/15/2037..	1
31398W-LZ-5...	FHLMC 3636 EB.....		06/15/2015..	PRINCIPAL RECEIPT.....		8,636	8,636	8,792	8,732	0	(96)	0	(96)	0	8,636	0	0	0	73	11/15/2018..	1
3128M7-NY-8...	FHLMC G05507.....		06/15/2015..	PRINCIPAL RECEIPT.....		5,693	5,693	6,029	6,020	0	(326)	0	(326)	0	5,693	0	0	0	119	02/01/2039..	1
3128MJ-D4-9...	FHLMC G08122.....		06/15/2015..	PRINCIPAL RECEIPT.....		1,943	1,943	1,898	1,906	0	37	0	37	0	1,943	0	0	0	48	04/01/2036..	1
3128MJ-Q7-8...	FHLMC G08477.....		06/15/2015..	PRINCIPAL RECEIPT.....		12,500	12,500	12,832	12,788	0	(288)	0	(288)	0	12,500	0	0	0	182	02/01/2042..	1
3128MC-YR-8...	FHLMC G14120.....		06/15/2015..	PRINCIPAL RECEIPT.....		13,139	13,139	13,669	13,541	0	(402)	0	(402)	0	13,139	0	0	0	224	04/01/2026..	1
3128PT-YB-5...	FHLMC J14490.....		06/15/2015..	PRINCIPAL RECEIPT.....		12,590	12,590	12,946	12,865	0	(275)	0	(275)	0	12,590	0	0	0	186	02/01/2026..	1
3128K4-QX-6...	FHLMC POOL A44070.....		06/15/2015..	PRINCIPAL RECEIPT.....		3,563	3,563	3,322	3,367	0	196	0	196	0	3,563	0	0	0	76	04/01/2036..	1
3128KK-GC-7...	FHLMC POOL A56495.....		06/15/2015..	PRINCIPAL RECEIPT.....		2,381	2,381	2,344	2,351	0	29	0	29	0	2,381	0	0	0	55	01/01/2037..	1
31418N-XX-3...	FNMA #AD1593.....		06/25/2015..	PRINCIPAL RECEIPT.....		9,736	9,736	10,098	10,072	0	(337)	0	(337)	0	9,736	0	0	0	181	02/01/2040..	1
31417Y-EZ-6...	FNMA #MA0151.....		06/25/2015..	PRINCIPAL RECEIPT.....		8,811	8,811	9,154	8,982	0	(171)	0	(171)	0	8,811	0	0	0	163	08/01/2019..	1
31418A-EH-7...	FNMA #MA1035.....		06/25/2015..	PRINCIPAL RECEIPT.....		9,212	9,212	9,550	9,479	0	(267)	0	(267)	0	9,212	0	0	0	114	04/01/2027..	1
31418B-BA-3...	FNMA #MA1832.....		06/25/2015..	PRINCIPAL RECEIPT.....		31,133	31,133	31,979	31,871	0	(738)	0	(738)	0	31,133	0	0	0	324	03/01/2024..	1
31397N-2X-2...	FNMA 2009-44 AC.....		06/25/2015..	PRINCIPAL RECEIPT.....		3,902	3,902	4,018	3,923	0	(21)	0	(21)	0	3,902	0	0	0	64	12/25/2023..	1
31407H-ZH-2...	FNMA POOL #831544.....		06/25/2015..	PRINCIPAL RECEIPT.....		3,202	3,202	3,179	3,183	0	19	0	19	0	3,202	0	0	0	74	06/01/2036..	1
31409X-HP-7...	FNMA POOL #881438.....		06/25/2015..	PRINCIPAL RECEIPT.....		3,877	3,877	3,904	3,893	0	(16)	0	(16)	0	3,877	0	0	0	110	07/01/2036..	1
31413Y-N7-2...	FNMA POOL #959514.....		06/25/2015..	PRINCIPAL RECEIPT.....		2,954	2,954	2,983	2,974	0	(21)	0	(21)	0	2,954	0	0	0	67	12/01/2037..	1
31416B-TA-6...	FNMA POOL #995245.....		06/25/2015..	PRINCIPAL RECEIPT.....		8,022	8,022	8,679	8,672	0	(650)	0	(650)	0	8,022	0	0	0	166	01/01/2039..	1
31416C-CH-7...	FNMA POOL #995672.....		06/25/2015..	PRINCIPAL RECEIPT.....		7,635	7,635	7,899	7,893	0	(258)	0	(258)	0	7,635	0	0	0	145	04/01/2039..	1
3138A2-BO-1...	FNMA POOL #AH0946.....		06/25/2015..	PRINCIPAL RECEIPT.....		27,166	27,166	27,236	27,218	0	(53)	0	(53)	0	27,166	0	0	0	450	12/01/2040..	1
31368H-NM-1...	FNMA POOL 190396.....		06/25/2015..	PRINCIPAL RECEIPT.....		6,864	6,864	7,119	7,113	0	(250)	0	(250)	0	6,864	0	0	0	127	06/01/2039..	1
64972F-W0-5...	NEW YORK NY CITY MUN WTR FIN AUTH.....		06/15/2015..	Exchange.....		271,877	250,000	279,865	275,083	0	(3,205)	0	(3,205)	0	271,877	0	0	0	6,406	06/15/2030..	1FE
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						984,630	962,751	1,003,882	993,781	0	(9,154)	0	(9,154)	0	984,630	0	0	0	13,835	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
46625Y-S6-9...	JPMCC 2005-LDP3 A4A.....		06/15/2015..	PRINCIPAL RECEIPT.....		167,073	167,073	183,486	170,058	0	(2,986)	0	(2,986)	0	167,073	0	0	0	3,409	08/15/2042..	1FM
66989H-AC-2...	NOVARTIS CAPITAL CORP.....		04/24/2015..	MATURITY.....		250,000	250,000	249,618	249,975	0	25	0	25	0	250,000	0	0	0	3,625	04/24/2015..	1FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						417,073	417,073	433,104	420,033	0	(2,961)	0	(2,961)	0	417,073	0	0	0	7,034	XXX	XXX
8399997 - Subtotals - Bonds - Part 4						1,454,478	1,432,599	1,491,424	1,467,660	0	(13,186)	0	(13,186)	0	1,454,478	0	0	0	21,407	XXX	XXX
8399999 - Subtotals - Bonds						1,454,478	1,432,599	1,491,424	1,467,660	0	(13,186)	0	(13,186)	0	1,454,478	0	0	0	21,407	XXX	XXX
9999999 Totals						1,454,478	XXX	1,491,424	1,467,660	0	(13,186)	0	(13,186)	0	1,454,478	0	0	0	21,407	XXX	XXX

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

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 JUNE 30, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE E - PART 1 - CASH

[illegible]

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
NONE							
8699999 Total Cash Equivalents					0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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	49,441	586,531	1,057,500	2	416,443	1,551,000	11	1,568,303
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		49,441	586,531	1,057,500	2	416,443	1,551,000	11	1,568,303
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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	188,390	3,175,000	3	133,758	6,341,009	30	(3,519,006)
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		290	188,390	3,175,000	3	133,758	6,341,009	30	(3,519,006)
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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
59.	Totals	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
58001.	.....							
58002.	.....							
58003.	.....							
58998.	Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0