



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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 E. Broad Street Suite 302 , Columbus, OH, US 43215-3619
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 155 E. 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 E. 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 E. 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 Michael Richard Gabree 617-428-9888
(Name) (Area Code) (Telephone Number) (Extension)
mgabree@coverys.com 617-526-0384
(E-Mail Address) (Fax Number)

OFFICERS

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

OTHER OFFICERS

<u>Wayne Thomas Zack</u>	<u>Senior Vice President</u>		
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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 Vice President & Treasurer

Mary Lynn Ursul
Executive Vice President & Secretary

a. Is this an original filing? Yes 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 SEPTEMBER 30, 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	34,723,028		34,723,028	37,156,423
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	1,242,504		1,242,504	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 (\$3,980,731), cash equivalents (\$0) and short-term investments (\$563,755)	4,544,486		4,544,486	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)	40,510,018	0	40,510,018	42,105,676
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	316,058		316,058	316,385
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	(39,830)		(39,830)	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	13,716		13,716	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	316,459		316,459	0
18.2 Net deferred tax asset	218,201	28,431	189,770	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 (\$)	88,225	88,225	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)	41,464,858	158,667	41,306,191	43,574,450
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	41,464,858	158,667	41,306,191	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 \$1,157,139)	7,790,403	8,032,882
2. Reinsurance payable on paid losses and loss adjustment expenses		0
3. Loss adjustment expenses	3,871,848	4,789,801
4. Commissions payable, contingent commissions and other similar charges		0
5. Other expenses (excluding taxes, licenses and fees)	139,631	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))		1,374,745
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 \$1,494 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)	398,364	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	916,778	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	104,675	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	13,909,339	16,465,363
27. Protected cell liabilities		0
28. Total liabilities (Lines 26 and 27)	13,909,339	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)	6,172,957	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)	27,396,852	27,109,090
38. Totals (Page 2, Line 28, Col. 3)	41,306,191	43,574,453
DETAILS OF WRITE-INS		
2501. Loss Suspense	104,675	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)	104,675	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
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 80,983)	1,256,895	4,754,254	6,482,245
1.2 Assumed (written \$)		0	0
1.3 Ceded (written \$)	241,086	1,767,085	(1,581,170)
1.4 Net (written \$ 80,983)	1,015,809	2,987,169	8,063,415
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 1,157,139):			
2.1 Direct	892,407	2,975,364	505,366
2.2 Assumed		0	0
2.3 Ceded	297,386	1,715,560	(138,012)
2.4 Net	595,021	1,259,804	643,378
3. Loss adjustment expenses incurred	20,894	678,356	899,915
4. Other underwriting expenses incurred	885,751	2,615,706	3,151,562
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	1,501,666	4,553,666	4,694,855
7. Net income of protected cells		0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(485,857)	(1,566,697)	3,368,560
INVESTMENT INCOME			
9. Net investment income earned	638,900	679,076	909,227
10. Net realized capital gains (losses) less capital gains tax of \$ 16,257	27,311	7,162	7,642
11. Net investment gain (loss) (Lines 9 + 10)	666,211	686,238	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	(8,281)	0	199,861
15. Total other income (Lines 12 through 14)	(8,281)	(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)	172,073	(882,874)	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)	172,073	(882,874)	4,482,875
19. Federal and foreign income taxes incurred	(292,330)	(183,352)	1,280,509
20. Net income (Line 18 minus Line 19)(to Line 22)	464,403	(699,522)	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)	464,403	(699,522)	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 \$	(89,431)	81,600	137,065
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	(154,690)	0	(234,715)
27. Change in nonadmitted assets	67,481	19,021	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)	287,763	(567,021)	3,227,848
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	27,396,852	23,314,220	27,109,089
DETAILS OF WRITE-INS			
0501.		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	(8,281)	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)	(8,281)	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
Cash from Operations			
1. Premiums collected net of reinsurance.....	1,151,036	1,151,036	4,692,327
2. Net investment income	888,546	888,546	1,154,637
3. Miscellaneous income	(8,281)	(8,281)	197,446
4. Total (Lines 1 to 3)	2,031,301	2,031,301	6,044,409
5. Benefit and loss related payments	851,216	851,216	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	1,904,380	1,904,380	4,767,379
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 16,257 tax on capital gains (losses).....	1,415,131	1,415,131	(236,394)
10. Total (Lines 5 through 9)	4,170,727	4,170,727	5,007,745
11. Net cash from operations (Line 4 minus Line 10)	(2,139,426)	(2,139,426)	1,036,665
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	8,881,109	8,881,109	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)	8,881,109	8,881,109	10,649,590
13. Cost of investments acquired (long-term only):			
13.1 Bonds	6,593,528	6,593,528	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)	6,593,528	6,593,528	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)	2,287,581	2,287,581	(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	0	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).....	779,014	779,014	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).....	779,014	779,014	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)	927,169	927,169	449,952
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	3,617,317	3,617,317	3,167,365
19.2 End of period (Line 18 plus Line 19.1)	4,544,486	4,544,486	3,617,317

STATEMENT AS OF September 30, 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	\$ 464,403	\$ 3,202,367
2 Effect of state prescribed practices			
3 Effect of state permitted practices			
4 Net income, NAIC SAP basis			
		464,403	3,202,367
Description	State	2015	2014
5 Policyholders' surplus, state Basis	OH	\$ 27,396,852	\$ 27,109,089
6 Effect of state prescribed paractices			
7 Effect of state permitted practices			
8 Policyholders' surplus, NAIC SAP basis			
		27,396,852	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	\$ 1,489
	2. 12 Months or Longer	\$ 40,062
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$ 329,069
	2. 12 Months or Longer	\$ 1,450,193

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 September 30, 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 September 30, 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	\$ 1,242,504	\$ -	\$ -	\$ 1,242,504
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stock	\$ 1,242,504	\$ -	\$ -	\$ 1,242,504
Total Assets at fair value	\$ 1,242,504	\$ -	\$ -	\$ 1,242,504

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)
Bond	\$ 28,527,166	\$ 27,628,642	\$ -	\$ 28,527,166	\$ -	\$ -
CMO	3,864,385	3,901,186	-	3,864,385	-	-
MBS	3,289,206	3,193,200	-	3,289,206	-	-
Common Stock	1,242,504	1,242,504	1,242,504	-	-	-
Short Term	563,755	563,755	563,755	-	-	-
Total Assets	\$ 37,487,016	\$ 36,529,287	\$ 1,806,259	\$ 35,680,757	\$ -	\$ -

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

STATEMENT AS OF September 30, 2015 OF THE OHA Insurance Solutions, Inc.

31. High Deductibles

None

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

None

33. Asbestos/Environmental Reserves

None

34. Subscriber Savings Accounts

None

35. Multiple Peril Crop Insurance

None

36. Financial Guaranty Insurance

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [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.12/31/2013
- 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).12/17/2014
- 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 [X] No []

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

1 Name of Custodian(s)	2 Custodian Address
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 [X]

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

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

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

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

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

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

GENERAL INTERROGATORIES
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:

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

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

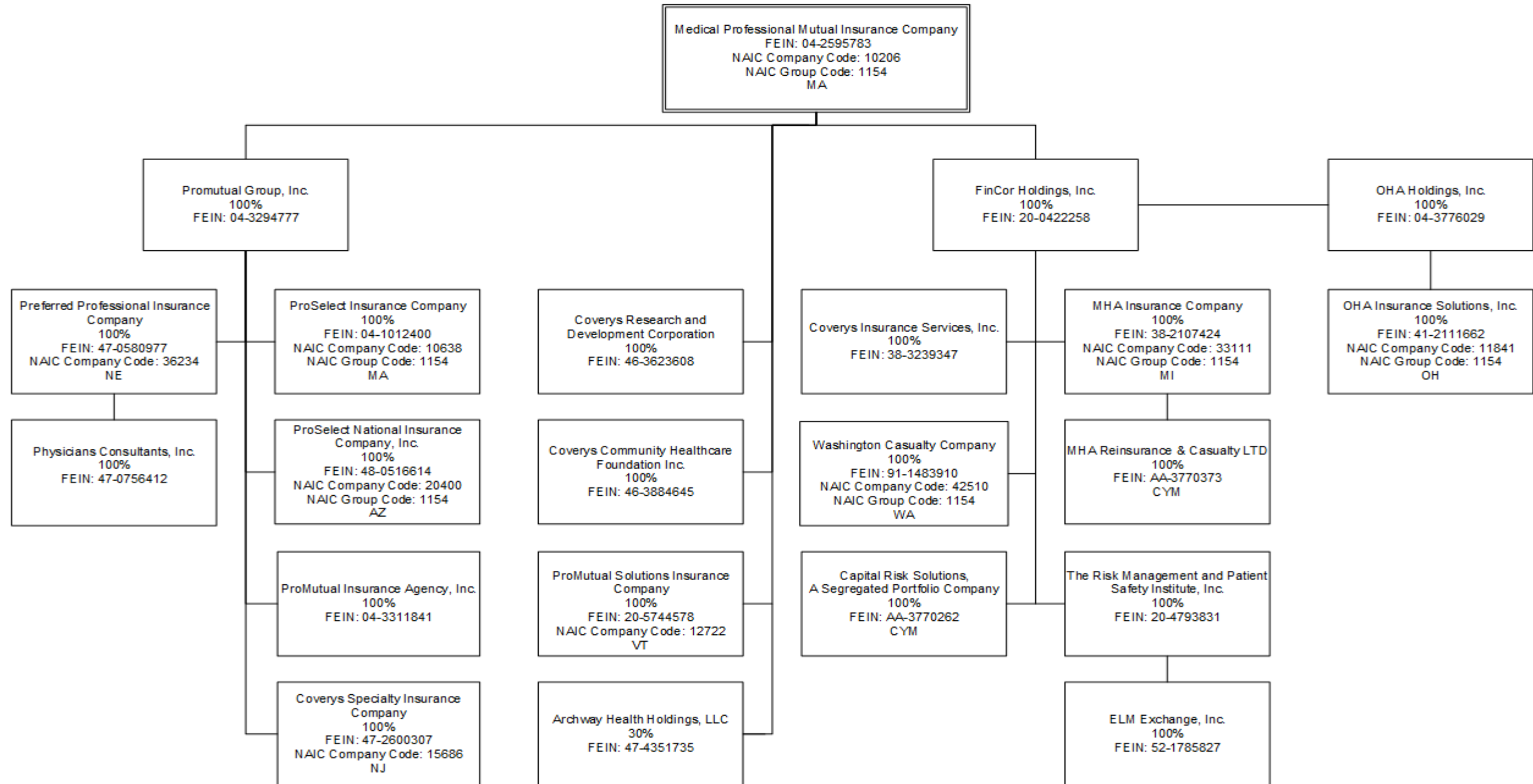
Current Year to Date - Allocated by States and Territories

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	80,983	4,600,878	4,132,500	1,391,692	17,719,658	8,417,496
37. Oklahoma	OK	N	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0
41. So. Carolina	SC	N	0	0	0	0	0	0
42. So. Dakota	SD	N	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0	0
59. Totals	(a) 1		80,983	4,600,878	4,132,500	1,391,692	17,719,658	8,417,496
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



STATEMENT AS OF SEPTEMBER 30, 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	
01154	Coverys	33111	38-2107424				MHA Insurance Company	MI	IA	FinCor Holdings, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	
	Coverys	00000	20-0422258				FinCor Holdings, Inc.	MI	UDP	Medical Professional Mutual Insurance Company	Ownership	100.0	Medical Professional Mutual Insurance Company	
01154	Coverys	42510	91-1483910				Washington Casualty Company	WA	IA	FinCor Holdings, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	
	Coverys	00000	20-4793831				The Risk Management and Patient Safety Institute	MI	NIA	FinCor Holdings, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	
	Coverys	00000	38-3239347				Coverys Insurance Services, Inc.	MI	NIA	FinCor Holdings, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	
	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	
01154	Coverys	10206	04-2595783				Medical Professional Mutual Insurance Company	MA	UIP			100.0		
01154	Coverys	20400	48-0516614				ProSelect National Insurance Company, Inc.	AZ	IA	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	
01154	Coverys	10638	04-1012400				ProSelect Insurance Company	MA	IA	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	
	Coverys	00000	04-3311841				ProMutual Insurance Agency, Inc.	MA	NIA	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	

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

Asterisk	Explanation
0000001	Non-U.S./Non-Insurance Affiliate.....

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	61.0
11.2 Medical professional liability -claims made	959,635	681,349	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	297,260	211,058	71.0	65.8
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	1,256,895	892,407	71.0	62.6
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		145,345
11.2 Medical professional liability-claims made	31,252	80,983	2,869,016
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		1,586,517
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	31,252	80,983	4,600,878
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

STATEMENT AS OF SEPTEMBER 30, 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	1,028		1,028	2,126		1,654	3,780	(543)	(55)	(598)
2. 2013	3,583	1,040	4,623	343		343	763		1,763	2,526	(2,477)	723	(1,754)
3. Subtotals 2013 + prior	7,279	2,749	10,028	1,371	0	1,371	2,888	0	3,417	6,305	(3,020)	668	(2,352)
4. 2014	1,512	1,283	2,795	345		345	1,648		1,827	3,475	480	544	1,024
5. Subtotals 2014 + prior	8,791	4,032	12,823	1,716	0	1,716	4,536	0	5,244	9,780	(2,540)	1,212	(1,328)
6. 2015	XXX	XXX	XXX	XXX	61	61	XXX	1,157	725	1,882	XXX	XXX	XXX
7. Totals	8,791	4,032	12,823	1,716	61	1,776	4,536	1,157	5,969	11,662	(2,540)	1,212	(1,328)
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. (28.9)	2. 30.1	3. (10.4)
													Col. 13, Line 7 Line 8
													4. (4.9)

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 3

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

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

OVERFLOW PAGE FOR WRITE-INS

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	6,593,528	11,259,812
3. Accrual of discount	6,966	10,579
4. Unrealized valuation increase (decrease)	(89,432)	137,065
5. Total gain (loss) on disposals	43,568	11,755
6. Deduct consideration for bonds and stocks disposed of	8,881,109	10,649,588
7. Deduct amortization of premium	196,347	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)	35,965,532	38,488,358
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	35,965,532	38,488,358

STATEMENT AS OF SEPTEMBER 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).....	32,513,802	2,649,822	2,324,738	(54,902)	32,868,792	32,513,802	32,783,984	34,697,927
2. NAIC 2 (a).....	2,506,423	0	0	(3,625)	2,510,028	2,506,423	2,502,798	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	35,020,225	2,649,822	2,324,738	(58,527)	35,378,820	35,020,225	35,286,782	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	35,020,225	2,649,822	2,324,738	(58,527)	35,378,820	35,020,225	35,286,782	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 \$ 563,754 ; 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	563,754	XXX	563,754	39	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	1,679,234	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	1,424,656	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).....	563,754	309,176
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	563,754	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 SEPTEMBER 30, 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)
Bonds - U.S. Governments									
912828-L4-0	UNITED STATES TREAS NTS		09/23/2015	SMITH BARNEY INC		250,088	250,000	62	1
0599999 - Bonds - U.S. Governments						250,088	250,000	62	XXX
Bonds - U.S. Special Revenue									
3138EP-SP-0	FNMA PASS-THRU INT 15 YEAR		07/16/2015	J.P. MORGAN		253,658	244,379	407	1
3138EP-WC-4	FNMA PASS-THRU INT 15 YEAR		07/14/2015	MONTGOMERY SECURITIES		502,117	496,454	517	1
658203-2J-2	NORTH CAROLINA MUN PWR AGY NO.		08/05/2015	Exchange		186,251	175,000	0	1FE
658203-2Q-6	NORTH CAROLINA MUN PWR AGY NO.		08/05/2015	Exchange		79,822	75,000	0	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						1,021,848	990,833	924	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
478111-AA-5	JOHNS HOPKINS HEALTH SYS CORP		08/05/2015	FIFTH THIRD BANK-CINN OHIO		248,753	250,000	841	1FE
89236T-CQ-6	TOYOTA MOTOR CRED		07/08/2015	MONTGOMERY SECURITIES		299,262	300,000	0	1FE
981464-DM-9	WORLD FIN NETWORK CGMT 2012-D		08/21/2015	BNP PARIBAS		505,137	500,000	328	1FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						1,053,152	1,050,000	1,169	XXX
8399997 - Subtotals - Bonds - Part 3						2,325,088	2,290,833	2,155	XXX
8399999 - Subtotals - Bonds						2,325,088	2,290,833	2,155	XXX
9999999 Totals						2,325,088	XXX	2,155	XXX

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

E04

STATEMENT AS OF SEPTEMBER 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	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)
Bonds - U.S. Governments																					
38376P-R5-1	GNMA 2009-116 KC		09/21/2015	PRINCIPAL RECEIPT		20,242	20,242	21,052	20,703	0	(461)	0	(461)	0	20,242	0	0	0	406	08/20/2037	1
38377L-OV-3	GNMA 2010-12 KH		09/21/2015	PRINCIPAL RECEIPT		24,282	24,282	25,306	24,967	0	(685)	0	(685)	0	24,282	0	0	0	410	12/20/2037	1
38378B-2T-5	GNMA 2012-150 A		09/16/2015	PRINCIPAL RECEIPT		11,751	11,751	11,942	11,909	0	(158)	0	(158)	0	11,751	0	0	0	139	11/16/2052	1
38378B-5S-4	GNMA 2013-15 AC		09/16/2015	PRINCIPAL RECEIPT		2,288	2,288	2,299	2,298	0	(10)	0	(10)	0	2,288	0	0	0	28	08/16/2051	1
38378K-DB-2	GNMA 2013-43 B		09/16/2015	PRINCIPAL RECEIPT		4,529	4,529	4,604	4,581	0	(52)	0	(52)	0	4,529	0	0	0	60	04/16/2039	1
0599999 - Bonds - U.S. Governments						63,092	63,093	65,203	64,458	0	(1,366)	0	(1,366)	0	63,092	0	0	0	1,043	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																					
31393R-KV-1	FHLMC 2629 BN		07/15/2015	PRINCIPAL RECEIPT		2,103	2,103	2,184	2,112	0	(9)	0	(9)	0	2,103	0	0	0	45	03/15/2018	1
31398W-5T-7	FHLMC 3626 ED		09/15/2015	PRINCIPAL RECEIPT		18,929	18,929	19,521	19,104	0	(175)	0	(175)	0	18,929	0	0	0	415	06/15/2037	1
31398W-LZ-5	FHLMC 3636 EB		09/15/2015	PRINCIPAL RECEIPT		8,102	8,102	8,249	8,192	0	(90)	0	(90)	0	8,102	0	0	0	109	11/15/2018	1
3128M7-NV-8	FHLMC G05507		09/15/2015	PRINCIPAL RECEIPT		7,388	7,388	7,823	7,812	0	(423)	0	(423)	0	7,388	0	0	0	242	02/01/2039	1
3128MJ-D4-9	FHLMC G08122		09/15/2015	PRINCIPAL RECEIPT		1,247	1,247	1,218	1,223	0	24	0	24	0	1,247	0	0	0	45	04/01/2036	1
3128MJ-Q7-8	FHLMC G08477		09/15/2015	PRINCIPAL RECEIPT		10,741	10,741	11,027	10,989	0	(247)	0	(247)	0	10,741	0	0	0	247	02/01/2042	1
3128MC-YR-0	FHLMC G14120		09/15/2015	PRINCIPAL RECEIPT		11,131	11,131	11,581	11,472	0	(341)	0	(341)	0	11,131	0	0	0	297	04/01/2026	1
3128PT-7B-5	FHLMC J14490		09/15/2015	PRINCIPAL RECEIPT		11,165	11,165	11,481	11,409	0	(244)	0	(244)	0	11,165	0	0	0	257	02/01/2026	1
3128K4-OX-6	FHLMC POOL A44070		09/15/2015	PRINCIPAL RECEIPT		2,900	2,900	2,704	2,740	0	159	0	159	0	2,900	0	0	0	95	04/01/2036	1
3128KK-GC-7	FHLMC POOL A56495		09/15/2015	PRINCIPAL RECEIPT		2,635	2,635	2,595	2,603	0	33	0	33	0	2,635	0	0	0	94	01/01/2037	1
31418N-XX-3	FNMA #A01593		09/25/2015	PRINCIPAL RECEIPT		8,148	8,148	8,451	8,430	0	(282)	0	(282)	0	8,148	0	0	0	242	02/01/2040	1
31417Y-EZ-6	FNMA #HA0151		09/25/2015	PRINCIPAL RECEIPT		8,194	8,194	8,513	8,353	0	(159)	0	(159)	0	8,194	0	0	0	243	08/01/2019	1
31418A-EH-7	FNMA #MA1035		09/25/2015	PRINCIPAL RECEIPT		7,949	7,949	8,241	8,180	0	(231)	0	(231)	0	7,949	0	0	0	156	04/01/2027	1
31418B-BA-3	FNMA #MA1832		09/25/2015	PRINCIPAL RECEIPT		44,105	44,105	45,305	45,152	0	(1,046)	0	(1,046)	0	44,105	0	0	0	742	03/01/2024	1
31397N-2X-2	FNMA 2009-44 AC		09/25/2015	PRINCIPAL RECEIPT		3,343	3,343	3,442	3,361	0	(18)	0	(18)	0	3,343	0	0	0	89	12/25/2023	1
3138EP-SP-0	FNMA PASS-THRU INT 15 YEAR		09/25/2015	PRINCIPAL RECEIPT		3,086	3,086	3,203	0	0	(117)	0	(117)	0	3,086	0	0	0	12	05/01/2030	1
3138EP-WC-4	FNMA PASS-THRU INT 15 YEAR		09/25/2015	PRINCIPAL RECEIPT		7,631	7,631	7,718	0	0	(87)	0	(87)	0	7,631	0	0	0	22	06/01/2030	1
31407H-ZH-2	FNMA POOL #831544		09/25/2015	PRINCIPAL RECEIPT		4,435	4,435	4,403	4,408	0	27	0	27	0	4,435	0	0	0	180	06/01/2036	1
31409X-HP-7	FNMA POOL #881438		09/25/2015	PRINCIPAL RECEIPT		91	91	92	92	0	0	0	0	0	91	0	0	0	4	07/01/2036	1
31413Y-N7-2	FNMA POOL #959514		09/25/2015	PRINCIPAL RECEIPT		1,529	1,529	1,544	1,539	0	(11)	0	(11)	0	1,529	0	0	0	58	12/01/2037	1
31416B-TA-6	FNMA POOL #995245		09/25/2015	PRINCIPAL RECEIPT		7,894	7,894	8,540	8,533	0	(639)	0	(639)	0	7,894	0	0	0	264	01/01/2039	1
31416C-CH-7	FNMA POOL #995672		09/25/2015	PRINCIPAL RECEIPT		7,565	7,565	7,826	7,821	0	(256)	0	(256)	0	7,565	0	0	0	224	04/01/2039	1
3138A2-B0-1	FNMA POOL #AH0946		09/25/2015	PRINCIPAL RECEIPT		22,264	22,264	22,322	22,307	0	(43)	0	(43)	0	22,264	0	0	0	594	12/01/2040	1
31368H-NM-1	FNMA POOL 190396 NORTH CAROLINA MUN PWR AGY		09/25/2015	PRINCIPAL RECEIPT		5,288	5,288	5,485	5,480	0	(192)	0	(192)	0	5,288	0	0	0	157	06/01/2039	1
658203-M2-7	AGY		08/05/2015	Exchange		266,073	250,000	273,228	268,713	0	(2,639)	0	(2,639)	0	266,073	0	0	0	12,500	01/01/2024	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						473,936	457,865	486,696	470,025	0	(7,006)	0	(7,006)	0	473,936	0	0	0	17,333	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
161571-FL-3	CHAIT 2012-A5 A5		08/15/2015	PRINCIPAL RECEIPT		500,000	500,000	500,488	500,120	0	(120)	0	(120)	0	500,000	0	0	0	1,967	08/15/2017	1FE
194160-DN-7	COLGATE-PALMOLIVE CO		08/05/2015	MATURITY		250,000	250,000	249,648	249,962	0	38	0	38	0	250,000	0	0	0	7,875	08/05/2015	1FE
46625Y-S6-9	JPMCC 2005-LDP3 A4A		07/15/2015	PRINCIPAL RECEIPT		25,365	25,365	27,857	25,818	0	(453)	0	(453)	0	25,365	0	0	0	737	08/15/2042	1FM
742718-D0-9	PROCTOR & GAMBLE CO 3.15% 9/1/15		09/01/2015	MATURITY		250,000	250,000	250,120	250,015	0	(15)	0	(15)	0	250,000	0	0	0	7,875	09/01/2015	1FE
854403-AB-8	STANFORD UNIVERSITY		07/08/2015	CALL @ 102.9930000		257,483	250,000	277,178	260,876	0	(4,220)	0	(4,220)	0	256,656	0	826	826	7,290	05/01/2016	1FE
89233P-GD-3	TOYOTA MOTOR CREDIT CORP		07/08/2015	PIERPOINT		304,458	300,000	298,902	299,462	0	115	0	115	0	299,577	0	4,881	4,881	3,369	05/22/2017	1FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						1,587,306	1,575,365	1,604,193	1,586,253	0	(4,655)	0	(4,655)	0	1,581,598	0	5,707	5,707	29,113	XXX	XXX
8399997 - Subtotals - Bonds - Part 4						2,124,334	2,096,322	2,156,092	2,120,736	0	(13,027)	0	(13,027)	0	2,118,626	0	5,707	5,707	47,489	XXX	XXX
8399999 - Subtotals - Bonds						2,124,334	2,096,322	2,156,092	2,120,736	0	(13,027)	0	(13,027)	0	2,118,626	0	5,707	5,707	47,489	XXX	XXX
9999999 Totals						2,124,334	XXX	2,156,092	2,120,736	0	(13,027)	0	(13,027)	0	2,118,626	0	5,707	5,707	47,489	XXX	XXX

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

E05

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

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 SEPTEMBER 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	80,356	720,946	1,057,500	6	511,879	1,627,000	8	1,587,739
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	80,356	720,946	1,057,500	6	511,879	1,627,000	8	1,587,739
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 SEPTEMBER 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	627	238,689	3,075,000	14	169,471	7,076,009	3	(4,118,293)
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	627	238,689	3,075,000	14	169,471	7,076,009	3	(4,118,293)
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 SEPTEMBER 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	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 SEPTEMBER 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