



## PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

**ANNUAL STATEMENT**  
For the Year Ended December 31, 2015  
OF THE CONDITION AND AFFAIRS OF THE  
**OHA INSURANCE SOLUTIONS, INC.**

NAIC Group Code	01154 (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 E. Broad Street, Suite 302 (Street and Number)		Columbus, OH, US 43215-3619 (City or Town, State, Country and Zip Code)		Columbus, OH, US 43215-3619 (Area Code) (Telephone Number)	
Main Administrative Office	155 E. Broad Street, Suite 302 (Street and Number)		Columbus, OH, US 43215-3619 (City or Town, State, Country and Zip Code)		614-255-4840	
Mail Address	155 E. Broad Street, Suite 302 (Street and Number or P.O. Box)		Columbus, OH, US 43215-3619 (City or Town, State, Country and Zip Code)		Columbus, OH, US 43215-3619 (Area Code) (Telephone Number)	
Primary Location of Books and Records	155 E. Broad Street, Suite 302 (Street and Number)		Columbus, OH, US 43215-3619 (City or Town, State, Country and Zip Code)		614-255-4840	
Internet Web Site Address	www.ohainsurance.com					
Statutory Statement Contact	Michael Richard Gabree (Name)		617-428-9888 (Area Code) (Telephone Number) (Extension)			
	mgabree@coverys.com (E-Mail Address)		617-526-0384 (Fax Number)			

## OFFICERS

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

## OTHER OFFICERS

Wayne Thomas Zack, Senior Vice President, **DIRECTORS OR TRUSTEES**  
Gregg Lee Hanson Richard Gordon Hayes Mary Lynn Ursul Wayne Thomas Zack  
Joseph Gerard Murphy #

State of ..... Massachusetts.....  
County of ..... Suffolk.....

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
Subscribed and sworn to before me this _____ day of _____,		a. Is this an original filing? <input checked="" type="checkbox"/> Yes [ X ] <input type="checkbox"/> No [ ]
		b. If no: 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	34,933,804		34,933,804	37,156,423
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....		1,322,046	1,322,046	1,331,936
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
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 (\$ ..... 2,662,658 , Schedule E-Part 1), cash equivalents (\$ ..... 0 , Schedule E-Part 2) and short-term investments (\$ ..... 614,310 , Schedule DA).....		3,276,968	3,276,968	3,617,317
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	39,532,818	0	39,532,818	42,105,676
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	313,478		313,478	316,385
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....		(66,636)	(66,636)	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 (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset.....	229,822	76,494	153,328	271,649
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software.....	19,227	19,227	0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	125,221	125,221	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	883,705		883,705	0
24. Health care (\$ ..... ) and other amounts receivable.....			0	0
25. Aggregate write-ins for other-than-invested assets .....	45,368	0	45,368	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	41,083,003	220,941	40,862,062	43,574,450
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27) .....	41,083,003	220,941	40,862,062	43,574,450
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
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. Miscellaneous Receivable.....	45,368		45,368	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) .....	45,368	0	45,368	0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	7,585,742	8,032,882
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	0	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	3,263,417	4,789,801
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	101,612	159,480
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	0
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	302,731	1,374,745
7.2 Net deferred tax liability	0	0
8. Borrowed money \$ and interest thereon \$	0	0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 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)	189,152	1,333,190
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	1,007,445	538,157
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)	0	0
14. Amounts withheld or retained by company for account of others	0	0
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$ certified) (Schedule F, Part 8)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	147,556	237,108
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$ and interest thereon \$	0	0
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	12,597,655	16,465,363
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	12,597,655	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	0
32. Aggregate write-ins for other-than-special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	20,223,895	20,223,895
35. Unassigned funds (surplus)	7,040,513	5,885,195
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$ )	0	0
36.2 shares preferred (value included in Line 31 \$ )	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	28,264,408	27,109,090
38. Totals (Page 2, Line 28, Col. 3)	40,862,063	43,574,453
<b>DETAILS OF WRITE-INS</b>		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	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

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4) .....	721,793	8,063,415
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7) .....	430,358	643,378
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1) .....	(188,435)	899,915
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2) .....	81,086	3,151,562
5. Aggregate write-ins for underwriting deductions .....	0	0
6. Total underwriting deductions (Lines 2 through 5) .....	323,009	4,694,855
7. Net income of protected cells .....	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7) .....	398,784	3,368,560
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	936,987	909,227
10. Net realized capital gains (losses) less capital gains tax of \$ .....	14,920 (Exhibit of Capital Gains (Losses))	24,827 7,642
11. Net investment gain (loss) (Lines 9 + 10) .....	961,814	916,869
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ ..... charged off \$ ..... ) .....	amount	(2,415)
13. Finance and service charges not included in premiums .....	0	0
14. Aggregate write-ins for miscellaneous income .....	(8,785)	199,861
15. Total other income (Lines 12 through 14) .....	(8,785)	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) .....	1,351,813	4,482,876
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) .....	1,351,813	4,482,876
19. Federal and foreign income taxes incurred .....	53,874	1,280,509
20. Net income (Line 18 minus Line 19) (to Line 22) .....	1,297,939	3,202,367
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2) .....	27,109,089	23,881,241
22. Net income (from Line 20) .....	1,297,939	3,202,367
23. Net transfers (to) from Protected Cell accounts .....	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ .....	(9,890)	137,065
25. Change in net unrealized foreign exchange capital gain (loss) .....	0	0
26. Change in net deferred income tax .....	(143,068)	(234,715)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) .....	10,342	91,252
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) .....	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	0
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 (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1) .....	0	0
37. Aggregate write-ins for gains and losses in surplus .....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37) .....	1,155,322	3,227,848
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37) .....	28,264,411	27,109,089
<b>DETAILS OF WRITE-INS</b>		
0501. .....	0	0
0502. .....	0	0
0503. .....	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0
1401. Miscellaneous Income .....	269,000	0
1402. Miscellaneous Expense .....	(8,785)	(44,451)
1403. Risk Management Programs .....	0	(24,688)
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	(8,785)	199,861
3701. Prior Period Adjustment .....	0	0
3702. .....	0	0
3703. .....	0	0
3798. Summary of remaining write-ins for Line 37 from overflow page .....	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above) .....	0	0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**CASH FLOW**

		1 Current Year	2 Prior Year
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....		994,418	4,692,327
2. Net investment income.....		1,187,832	1,154,637
3. Miscellaneous income.....		(8,785)	197,446
4. Total (Lines 1 through 3).....		2,173,465	6,044,409
5. Benefit and loss related payments.....		877,500	476,760
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....		1,470,306	4,767,379
8. Dividends paid to policyholders.....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....		1,140,808	(236,394)
10. Total (Lines 5 through 9).....		3,488,614	5,007,745
11. Net cash from operations (Line 4 minus Line 10).....		(1,315,149)	1,036,665
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....		9,564,984	9,649,588
12.2 Stocks.....		0	1,000,000
12.3 Mortgage loans.....		0	0
12.4 Real estate.....		0	0
12.5 Other invested assets.....		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		0	0
12.7 Miscellaneous proceeds.....		0	2
12.8 Total investment proceeds (Lines 12.1 to 12.7).....		9,564,984	10,649,590
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		7,550,558	10,259,812
13.2 Stocks.....		0	1,000,000
13.3 Mortgage loans.....		0	0
13.4 Real estate.....		0	0
13.5 Other invested assets.....		0	0
13.6 Miscellaneous applications.....		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....		7,550,558	11,259,812
14. Net increase (decrease) in contract loans and premium notes.....		0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14).....		2,014,427	(610,222)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....		0	0
16.2 Capital and paid in surplus, less treasury stock.....		0	0
16.3 Borrowed funds.....		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		0	0
16.5 Dividends to stockholders.....		0	0
16.6 Other cash provided (applied).....		(1,039,627)	23,509
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....		(1,039,627)	23,509
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....		(340,350)	449,952
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....		3,617,317	3,167,365
19.2 End of year (Line 18 plus Line 19.1).....		3,276,968	3,617,317

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS EARNED**

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
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 .....	(422,245)	1,278,272	189,152	666,875
12. Earthquake .....	0	0	0	0
13. Group accident and health .....	0	0	0	0
14. Credit accident and health (group and individual) .....	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 .....	0	54,918	0	54,918
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 .....	0	0	0	0
32. Reinsurance-nonproportional assumed liability .....	0	0	0	0
33. Reinsurance-nonproportional assumed financial lines .....	0	0	0	0
34. Aggregate write-ins for other lines of business .....	0	0	0	0
35. TOTALS .....	(422,245)	1,333,190	189,152	721,793
<b>DETAILS OF WRITE-INS</b>				
3401. ....				
3402. ....				
3403. ....				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1A - RECAPITULATION OF ALL PREMIUMS**

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire .....					0
2. Allied lines .....					0
3. Farmowners multiple peril .....					0
4. Homeowners multiple peril .....					0
5. Commercial multiple peril .....					0
6. Mortgage guaranty .....					0
8. Ocean marine .....					0
9. Inland marine .....					0
10. Financial guaranty .....					0
11.1 Medical professional liability-occurrence .....					0
11.2 Medical professional liability-claims-made .....		189,152			189,152
12. Earthquake .....					0
13. Group accident and health .....					0
14. Credit accident and health (group and individual) .....					0
15. Other accident and health .....					0
16. Workers' compensation .....					0
17.1 Other liability-occurrence .....					0
17.2 Other liability-claims-made .....					0
17.3 Excess workers' compensation .....					0
18.1 Products liability-occurrence .....					0
18.2 Products liability-claims-made .....					0
19.1,19.2 Private passenger auto liability .....					0
19.3,19.4 Commercial auto liability .....					0
21. Auto physical damage .....					0
22. Aircraft (all perils) .....					0
23. Fidelity .....					0
24. Surety .....					0
26. Burglary and theft .....					0
27. Boiler and machinery .....					0
28. Credit .....					0
29. International .....					0
30. Warranty .....					0
31. Reinsurance-nonproportional assumed property .....					0
32. Reinsurance-nonproportional assumed liability .....					0
33. Reinsurance-nonproportional assumed financial lines .....					0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0
35. TOTALS .....	0	189,152	0	0	189,152
36. Accrued retrospective premiums based on experience .....					
37. Earned but unbilled premiums .....					
38. Balance (Sum of Lines 35 through 37) .....					189,152
<b>DETAILS OF WRITE-INS</b>					
3401. ....					
3402. ....					
3403. ....					
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	.0	0	0	.0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) .....	0	0	0	0	0

(a) State here basis of computation used in each case.

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1B - PREMIUMS WRITTEN**

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire .....						0
2. Allied lines .....						0
3. Farmowners multiple peril .....						0
4. Homeowners multiple peril .....						0
5. Commercial multiple peril .....						0
6. Mortgage guaranty .....						0
8. Ocean marine .....						0
9. Inland marine .....						0
10. Financial guaranty .....						0
11.1 Medical professional liability-occurrence .....						0
11.2 Medical professional liability-claims-made .....	104,778				527,023	(422,245)
12. Earthquake .....						0
13. Group accident and health .....						0
14. Credit accident and health (group and individual) .....						0
15. Other accident and health .....						0
16. Workers' compensation .....						0
17.1 Other liability-occurrence .....						0
17.2 Other liability-claims-made .....						0
17.3 Excess workers' compensation .....						0
18.1 Products liability-occurrence .....						0
18.2 Products liability-claims-made .....						0
19.1, 19.2 Private passenger auto liability .....						0
19.3, 19.4 Commercial auto liability .....						0
21. Auto physical damage .....						0
22. Aircraft (all perils) .....						0
23. Fidelity .....						0
24. Surety .....						0
26. Burglary and theft .....						0
27. Boiler and machinery .....						0
28. Credit .....						0
29. International .....						0
30. Warranty .....						0
31. Reinsurance-nonproportional assumed property .....	XXX					0
32. Reinsurance-nonproportional assumed liability .....	XXX					0
33. Reinsurance-nonproportional assumed financial lines .....	XXX					0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0
35. TOTALS	104,778	0	0	0	527,023	(422,245)
<b>DETAILS OF WRITE-INS</b>						
3401. ....						
3402. ....						
3403. ....						
3498. Sum. of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) .....	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ X ]

If yes: 1. The amount of such installment premiums \$ .....

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$ .....

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 - LOSSES PAID AND INCURRED

Line of Business	Direct Business	Losses Paid Less Salvage			Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
		1 Reinsurance Assumed	2 Reinsurance Recovered	3 Net Payments (Cols. 1 + 2 - 3)				
1. Fire .....				0	0	0	0	.0
2. Allied lines .....				0	0	0	0	.0
3. Farmowners multiple peril .....				0	0	0	0	.0
4. Homeowners multiple peril .....				0	0	0	0	.0
5. Commercial multiple peril .....				0	0	0	0	.0
6. Mortgage guaranty .....				0	0	0	0	.0
8. Ocean marine .....				0	0	0	0	.0
9. Inland marine .....				0	0	0	0	.0
10. Financial guaranty .....				0	0	0	0	.0
11.1 Medical professional liability-occurrence .....				0	301,063	342,250	(41,187)	.0
11.2 Medical professional liability-claims-made .....	4,172,500		3,295,000	.877,500	4,395,295	7,596,164	(2,323,369)	(348.4)
12. Earthquake .....				0	0	0	0	.0
13. Group accident and health .....				0	0	0	0	.0
14. Credit accident and health (group and individual) .....				0	0	0	0	.0
15. Other accident and health .....				0	0	0	0	.0
16. Workers' compensation .....				0	0	0	0	.0
17.1 Other liability-occurrence .....				0	0	0	0	.0
17.2 Other liability-claims-made .....				0	2,889,384	94,470	2,794,914	5,089.2
17.3 Excess workers' compensation .....				0	0	0	0	.0
18.1 Products liability-occurrence .....				0	0	0	0	.0
18.2 Products liability-claims-made .....				0	0	0	0	.0
19.1,19.2 Private passenger auto liability .....				0	0	0	0	.0
19.3,19.4 Commercial auto liability .....				0	0	0	0	.0
21. Auto physical damage .....				0	0	0	0	.0
22. Aircraft (all perils) .....				0	0	0	0	.0
23. Fidelity .....				0	0	0	0	.0
24. Surety .....				0	0	0	0	.0
26. Burglary and theft .....				0	0	0	0	.0
27. Boiler and machinery .....				0	0	0	0	.0
28. Credit .....				0	0	0	0	.0
29. International .....				0	0	0	0	.0
30. Warranty .....				0	0	0	0	.0
31. Reinsurance-nonproportional assumed property .....	XXX			0	0	0	0	.0
32. Reinsurance-nonproportional assumed liability .....	XXX			0	0	0	0	.0
33. Reinsurance-nonproportional assumed financial lines .....	XXX			0	0	0	0	.0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	.0
35. TOTALS .....	4,172,500	0	3,295,000	.877,500	7,585,742	8,032,884	430,358	59.6
<b>DETAILS OF WRITE-INS</b>								
3401. ....								
3402. ....								
3403. ....								
3498. Sum. of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	.0
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above) .....	0	0	0	0	0	0	0	.0

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire .....				0				0	0
2. Allied lines .....				0				0	0
3. Farmowners multiple peril .....				0				0	0
4. Homeowners multiple peril .....				0				0	0
5. Commercial multiple peril .....				0				0	0
6. Mortgage guaranty .....				0				0	0
8. Ocean marine .....				0				0	0
9. Inland marine .....				0				0	0
10. Financial guaranty .....				0				0	0
11.1 Medical professional liability-occurrence .....				0	525,970			224,907	301,063
11.2 Medical professional liability-claims-made .....	11,507,009		3,300,000	8,207,009	(3,376,250)			435,464	4,395,295
12. Earthquake .....				0					2,474,695
13. Group accident and health .....				0				(a)	0
14. Credit accident and health (group and individual) .....				0					0
15. Other accident and health .....				0				(a)	0
16. Workers' compensation .....				0					0
17.1 Other liability-occurrence .....				0	374,391			374,391	23,770
17.2 Other liability-claims-made .....	10,000		1,750,000	(1,740,000)	9,855,356			5,225,972	2,889,384
17.3 Excess workers' compensation .....				0					559,021
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			0	XXX				0
32. Reinsurance-nonproportional assumed liability .....	XXX			0	XXX				0
33. Reinsurance-nonproportional assumed financial lines .....	XXX			0	XXX				0
34. Aggregate write-ins for other lines of business .....	0	.0	0	0	0	0	0	0	0
35. TOTALS .....	11,517,009	0	5,050,000	6,467,009	7,379,467	0	6,260,734	7,585,742	3,263,417
<b>DETAILS OF WRITE-INS</b>									
3401. ....									
3402. ....									
3403. ....									
3498. Sum. of remaining write-ins for Line 34 from overflow page .....	0	.0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above) .....	0	0	0	0	0	0	0	0	0

(a) Including \$ ..... for present value of life indemnity claims.

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - EXPENSES**

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct .....	(76,119)	0	0	(76,119)
1.2 Reinsurance assumed .....	0	0	0	0
1.3 Reinsurance ceded .....	1,974	0	0	1,974
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3) .....	(78,093)	0	0	(78,093)
2. Commission and brokerage:				
2.1 Direct, excluding contingent .....	0	(88)	0	(88)
2.2 Reinsurance assumed, excluding contingent .....	0	0	0	0
2.3 Reinsurance ceded, excluding contingent .....	0	0	0	0
2.4 Contingent-direct .....	0	0	0	0
2.5 Contingent-reinsurance assumed .....	0	0	0	0
2.6 Contingent-reinsurance ceded .....	0	0	0	0
2.7 Policy and membership fees .....	0	0	0	0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) .....	0	(88)	0	(88)
3. Allowances to manager and agents .....	0	0	0	0
4. Advertising .....	0	375	0	375
5. Boards, bureaus and associations .....	0	3,402	0	3,402
6. Surveys and underwriting reports .....	0	0	0	0
7. Audit of assureds' records .....	0	0	0	0
8. Salary and related items:				
8.1 Salaries .....	75,866	400	0	76,266
8.2 Payroll taxes .....	5,297	(159)	0	5,138
9. Employee relations and welfare .....	20,880	(214)	0	20,666
10. Insurance .....	0	237	0	237
11. Directors' fees .....	0	563	0	563
12. Travel and travel items .....	5,621	92	0	5,713
13. Rent and rent items .....	4,724	6,285	0	11,009
14. Equipment .....	30	230	0	260
15. Cost or depreciation of EDP equipment and software .....	1,061	1,862	0	2,923
16. Printing and stationery .....	203	3,093	0	3,296
17. Postage, telephone and telegraph, exchange and express .....	1,936	66	0	2,002
18. Legal and auditing .....	0	47,797	0	47,797
19. Totals (Lines 3 to 18) .....	115,618	64,029	0	179,647
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....	0	2,250	0	2,250
20.2 Insurance department licenses and fees .....	0	9,538	0	9,538
20.3 Gross guaranty association assessments .....	0	0	0	0
20.4 All other (excluding federal and foreign income and real estate) .....	0	0	0	0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....	0	11,788	0	11,788
21. Real estate expenses .....	0	0	0	0
22. Real estate taxes .....	0	0	0	0
23. Reimbursements by uninsured plans .....	0	0	0	0
24. Aggregate write-ins for miscellaneous expenses .....	(225,960)	5,357	102,876	(117,727)
25. Total expenses incurred .....	(188,435)	81,086	102,876	(a) (4,473)
26. Less unpaid expenses-current year .....	3,263,417	101,611	0	3,365,028
27. Add unpaid expenses-prior year .....	4,789,801	159,480	0	4,949,281
28. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year .....	0	0	0	0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29) .....	1,337,949	138,955	102,876	1,579,780
<b>DETAILS OF WRITE-INS</b>				
2401. Investment Advisory & Custodial Services .....	0	0	102,876	102,876
2402. O/S Prof Svc .....	234	5,357	0	5,591
2403. Decrease in Claim Adjustment Reserve .....	(226,194)	0	0	(226,194)
2498. Summary of remaining write-ins for Line 24 from overflow page .....	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above) .....	(225,960)	5,357	102,876	(117,727)

(a) Includes management fees of \$ (962,134) to affiliates and \$ to non-affiliates.

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) .59,276	.....56,192
1.1 Bonds exempt from U.S. tax .....	(a) 360,335	.....367,117
1.2 Other bonds (unaffiliated) .....	(a) 595,324	.....588,707
1.3 Bonds of affiliates .....	(a) 0	.....0
2.1 Preferred stocks (unaffiliated) .....	(b) 0	.....0
2.11 Preferred stocks of affiliates .....	(b) 0	.....0
2.2 Common stocks (unaffiliated) .....	.....27,783	.....27,783
2.21 Common stocks of affiliates .....	.....0	.....0
3. Mortgage loans .....	(c) .....	.....
4. Real estate .....	(d) .....	.....
5. Contract loans .....	(e) 50	.....62
6. Cash, cash equivalents and short-term investments .....	(f) .....	.....
7. Derivative instruments .....	.....	.....
8. Other invested assets .....	.....	.....
9. Aggregate write-ins for investment income .....	.....0	.....0
10. Total gross investment income .....	1,042,768	1,039,862
11. Investment expenses .....	(g) .....	.....102,876
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) .....	.....
13. Interest expense .....	(h) .....	.....
14. Depreciation on real estate and other invested assets .....	(i) .....	.....0
15. Aggregate write-ins for deductions from investment income .....	.....	.....0
16. Total deductions (Lines 11 through 15) .....	.....	.....102,876
17. Net investment income (Line 10 minus Line 16) .....	.....	.....936,987
<b>DETAILS OF WRITE-INS</b>		
0901. .....	.....	.....
0902. .....	.....	.....
0903. .....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0
1501. .....	.....	.....
1502. .....	.....	.....
1503. .....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	0	0

(a) Includes \$ 9,366 accrual of discount less \$ 257,305 amortization of premium and less \$ 17,971 paid for accrued interest on purchases.  
 (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ .....0 paid for accrued dividends on purchases.  
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
 (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
 (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
 (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	6,550	.....	6,550	.....	.....
1.1 Bonds exempt from U.S. tax .....	6,918	.....	6,918	.....	.....
1.2 Other bonds (unaffiliated) .....	26,278	.....	26,278	.....	.....
1.3 Bonds of affiliates .....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11 Preferred stocks of affiliates .....	0	0	0	0	0
2.2 Common stocks (unaffiliated) .....	0	0	0	(9,890)	0
2.21 Common stocks of affiliates .....	0	0	0	0	0
3. Mortgage loans .....	0	0	0	0	0
4. Real estate .....	0	0	0	0	0
5. Contract loans .....	0	0	0	0	0
6. Cash, cash equivalents and short-term investments .....	0	0	0	0	0
7. Derivative instruments .....	0	0	0	0	0
8. Other invested assets .....	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10. Total capital gains (losses) .....	39,747	0	39,747	(9,890)	0
<b>DETAILS OF WRITE-INS</b>			.....	.....	.....
0901. .....	.....	.....	.....	.....	.....
0902. .....	.....	.....	.....	.....	.....
0903. .....	.....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0	0	0	0

## EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	76,494	101,241	24,747
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	19,227	42,011	22,784
21. Furniture and equipment, including health care delivery assets.....	125,221	88,031	(37,190)
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other-than-invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	220,941	231,283	10,342
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	220,941	231,283	10,342
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0
2501. ....			
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	0

## 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 Department of Insurance 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) *The Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	State of Domicile	<u>2015</u>	<u>2014</u>
<b><u>NET INCOME</u></b>			
(1) Ohio state basis (Page 4, Line 20, Columns 1 & 3)	OH	\$ 1,303,071	\$ 3,202,367
(2) State Prescribed Practices that increase/(decrease) NAIC	OH	-	-
(3) State Permitted Practices that increase/(decrease) NAIC	OH	-	-
(4) NAIC SAP		<u>\$ 1,303,071</u>	<u>\$ 3,202,367</u>
<b><u>SURPLUS</u></b>			
(5) Ohio state basis (Page 3, Line 37, Columns 1 & 2)	OH	\$ 28,264,408	\$ 27,109,090
(6) State Prescribed Practices that increase/(decrease) NAIC	OH	-	-
(7) State Permitted Practices that increase/(decrease) NAIC	OH	-	-
(8) NAIC SAP		<u>\$ 28,264,408</u>	<u>\$ 27,109,090</u>

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

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

#### C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the un-expired portion of premiums written. Such reserves are computed by pro-rata methods for direct and are based on reports received from ceding companies for reinsurance.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by loans are stated at amortized cost using the scientific method. Non-investment grade bonds are stated at the lower of amortized cost or fair value.
- (3) Common stocks are stated at market except that investments in stocks of uncombined subsidiaries in which the Company has an interest of 20% or more are carried on the equity basis.
- (4) The Company has no preferred stocks.

## NOTES TO FINANCIAL STATEMENTS

- (5) The Company has no mortgage loans.
- (6) 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.
- (7) The Company does not have any investments in subsidiaries, controlled or affiliated companies.
- (8) The Company has no ownership in joint ventures, partnerships or limited liability company.
- (9) The Company owns no derivatives.
- (10) The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property-Casualty Contracts – Premiums.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based upon assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company capitalizes purchases over \$5,000.
- (13) The Company has no pharmaceutical rebate receivables.

### 2. Accounting Changes and Corrections of Errors

None

### 3. Business Combinations and Goodwill

#### A. Statutory Purchase Method

Not applicable

#### B. Statutory Merger

None

#### C. Impairment Loss

Not applicable

### 4. Discontinued Operations

There were no discontinued operations.

### 5. Investments

- A. The Company does not hold any mortgage loans.
- B. The Company does not hold any restructured debt.
- C. The Company does not hold reverse mortgages.
- D. Loan Backed Securities

- (1) Fair values have been determined in accordance with SSAP No 27. Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from the external portfolio manager or internal estimates.

## NOTES TO FINANCIAL STATEMENTS

(2) No other-than-temporary-impairment was recognized during the year.

(3) Loan-backed securities impaired during 2015 are as follows:

(4) All loan-backed and structured securities in unrealized loss positions as of year-end, stratified based on length of time continuously in these unrealized loss positions, are as follows:

a. The aggregate amount of unrealized losses:

1. Less than 12 months	\$ 14,442
2. 12 months or longer	<u>\$ 54,825</u>

b. The aggregate related fair value of securities with unrealized losses

1. Less than 12 months	\$ 3,200,129
2. 12 months or longer	<u>\$ 1,376,706</u>

(5) All loan-backed and structured securities in an unrealized loss position were reviewed to determine whether other-than-temporary impairments should be recognized. The Company asserts that it has the intent and ability to hold these securities long enough to allow the cost basis of these securities to be recovered. These conclusions are based on each security's NAIC designation, a NRSRO credit rating, severity of unrealized loss and cash flow forecasting results. It is possible that the Company could recognize OTTI in the future on some of the securities, if future events, information and the passage of time cause it to conclude that declines in value are other-than-temporary.

E. The Company does not have any repurchase agreements or securities lending transactions.

F. The Company does not have any real estate investments.

G. The Company does not have any investments in low-income housing tax credits.

H. The Company does not have any restricted assets.

I. The Company does not have working capital finance investments.

J. The Company does not use derivatives, repurchase agreements or reverse repurchase agreements and the Company does not borrow or lend investment securities. There are no offsetting or netting of assets and liabilities related to such activities.

K. The Company does not have any investment in the structured notes.

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in joint ventures, partnerships or limited liability companies that exceed 10% of its admitted assets.

B. The Company did not recognize any impairment write down for its investments in joint ventures, partnerships and limited liability companies during the statement periods. There are no investments in joint ventures, partnerships or limited liability companies.

7. Investment Income

There were no due and accrued investment income items excluded from surplus.

8. Derivative Instruments

The Company does not hold any derivative financial instruments.

## NOTES TO FINANCIAL STATEMENTS

## 9. Income Taxes

A. Components of the Company's net deferred income tax asset (DTA) or deferred tax liability (DTL) are as follows:

(1) The components of the net DTA or DTL at December 31 are as follows:

	12/31/2015		
	Ordinary	Capital	Total
(a) Gross DTA	\$ 371,963	\$ -	\$ 371,963
(b) Statutory Valuation Allowance Adjustments	-	-	-
(c) Adjusted Gross DTA	371,963	-	371,963
(d) DTA Nonadmitted	76,494	-	76,494
(e) Subtotal Net Admitted DTA	295,469	-	295,469
(f) DTL	142,141	-	142,141
(g) Net Admitted DTA/DTL	\$ 153,328	\$ -	\$ 153,328

	12/31/2014		
	Ordinary	Capital	Total
(a) Gross DTA	\$ 495,434	\$ -	\$ 495,434
(b) Statutory Valuation Allowance Adjustments	-	-	-
(c) Adjusted Gross DTA	495,434	-	495,434
(d) DTA Nonadmitted	101,241	-	101,241
(e) Subtotal Net Admitted DTA	394,193	-	394,193
(f) DTL	122,543	-	122,543
(g) Net Admitted DTA/DTL	\$ 271,650	\$ -	\$ 271,650

	Change		
	Ordinary	Capital	Total
(a) Gross DTA	\$ (123,471)	\$ -	\$ (123,471)
(b) Statutory Valuation Allowance Adjustments	-	-	-
(c) Adjusted Gross DTA	(123,471)	-	(123,471)
(d) DTA Nonadmitted	(24,747)	-	(24,747)
(e) Subtotal Net Admitted DTA	(98,724)	-	(98,724)
(f) DTL	19,598	-	19,598
(g) Net Admitted DTA/DTL	\$ (118,322)	\$ -	\$ (118,322)

(2) Admission Calculation Components SSAP No. 101

	12/31/2015		
	Ordinary	Capital	Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 153,328	\$ -	\$ 153,328
(b) Adjusted Gross DTAs Expected To Be Realized (Excluding the Amount of DTA from 2(a) above) After Application of the Threshold Limitation (the Lesser of 2(b)1 and 2(b)2 below)	-	-	-
1. Adjusted Gross DTAs Expected to be Realized Following the Balance Sheet Date			\$ -
2. Adjusted Gross DTAs Allowed per Limitation Threshold		xxx	xxx 4,239,661
(c) Adjusted Gross DTAs (Excluding the Amount of DTA from 2(a) and 2(b) above) Offset by Gross DTLs	\$ 142,141		\$ 142,141
(d) DTAs Admitted as the Result of Application of SSAP No. 101.	\$ 295,469	\$ -	\$ 295,469

	12/31/2014		
	Ordinary	Capital	Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 224,339	\$ -	\$ 224,339
(b) Adjusted Gross DTAs Expected To Be Realized (Excluding the Amount of DTA from 2(a) above) After Application of the Threshold Limitation (the Lesser of 2(b)1 and 2(b)2 below)	47,310	-	47,310
1. Adjusted Gross DTAs Expected to be Realized Following the Balance Sheet Date			\$ -
2. Adjusted Gross DTAs Allowed per Limitation Threshold		xxx	xxx 4,025,616
(c) Adjusted Gross DTAs (Excluding the Amount of DTA from 2(a) and 2(b) above) Offset by Gross DTLs	\$ 122,543		\$ 122,543
(d) DTAs Admitted as the Result of Application of SSAP No. 101.	\$ 394,192	\$ -	\$ 394,192

## NOTES TO FINANCIAL STATEMENTS

	Ordinary	Capital	Change	Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ (71,011)	\$ -	\$ (71,011)	
(b) Adjusted Gross DTAs Expected To Be Realized (Excluding the Amount of DTA from 2(a) above) After Application of the Threshold Limitation (the Lesser of 2(b)1 and 2(b)2 below)	(47,310)	-	(47,310)	
1. Adjusted Gross DTAs Expected to be Realized Following the Balance Sheet Date	\$ -	\$ -	\$ -	
2. Adjusted Gross DTAs Allowed per Limitation Threshold	xxx	xxx	214,045	
(c) Adjusted Gross DTAs (Excluding the Amount of DTA from 2(a) and 2(b) above) Offset by Gross DTLs	\$ 19,598	\$ -	\$ 19,598	
(d) DTAs Admitted as the Result of Application of SSAP No. 101.	\$ (98,723)	\$ -	\$ (98,723)	

(3) Threshold used in 2.b.

	<u>2015</u>	<u>2014</u>
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	2282.47%	1007.59%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above	\$ 28,264,408	\$ 27,109,090

(4) Impact of tax-planning strategies

There are no tax-planning strategies and no impact on adjusted gross and net admitted DTAs.

B. There are no unrecognized deferred tax liabilities.

C. Current income taxes incurred consist of the following major components:

1. Current income tax

	2015	2014	Change
(a) Federal	\$ 276,198	\$ 1,284,624	\$ (1,008,426)
(b) Foreign	-	-	-
(c) Subtotal	\$ 276,198	\$ 1,284,624	\$ (1,008,426)
(d) Federal income tax on net capital gains	(14,920)	(4,115)	(10,805)
(e) Utilization of capital loss carry-forwards	(207,405)	-	(207,405)
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	\$ 53,873	\$ 1,280,509	\$ (1,226,636)

## NOTES TO FINANCIAL STATEMENTS

## 2. Deferred tax assets

		2015	2014	Change
(a)	Ordinary:			
(1)	Discounting of unpaid losses	\$ 295,142	\$ 332,476	\$ (37,334)
(2)	Unearned premium reserve	13,241	93,323	(80,082)
(3)	Policyholder reserves	-	-	-
(4)	Investments	-	-	-
(5)	Deferred acquisition costs	-	-	-
(6)	Policyholder dividend accrual	-	-	-
(7)	Fixed assets	-	-	-
(8)	Compensation and benefits accrual	9,411	-	9,411
(9)	Pension accrual	-	-	-
(10)	Receivables - nonadmitted	50,557	-	50,557
(11)	Net operating loss carry-forward	-	-	-
(12)	Tax credit carry-forward	-	-	-
(13)	Other (including items <5% of total ordinary tax assets)	3,612	69,635	(66,023)
	Subtotal	\$ 371,963	\$ 495,434	\$ (123,471)
(b)	Statutory valuation allowance adjustment	-	-	-
(c)	Nonadmitted	76,494	101,241	(24,747)
(d)	Admitted ordinary DTAs	\$ 295,469	\$ 394,193	\$ (98,724)
(e)	Capital:			
(1)	Investments	-	-	-
(2)	Net capital loss carry-forward	-	-	-
(3)	Real estate	-	-	-
(4)	Other (including items <5% of total capital tax assets)	-	-	-
	Subtotal	\$ -	\$ -	\$ -
(f)	Statutory valuation allowance adjustment	-	-	-
(g)	Nonadmitted	-	-	-
(h)	Admitted capital DTAs	\$ -	\$ -	\$ -
(i)	Admitted DTAs	\$ 295,469	\$ 394,193	\$ (98,724)

## 3. Deferred tax liabilities

		2015	2014	Change
(a)	Ordinary:			
(1)	Investments	\$ 120,317	\$ 122,543	\$ (2,226)
(2)	Fixed assets	21,824	-	21,824
(3)	Deferred and uncollected premium	-	-	-
(4)	Policyholder reserves	-	-	-
(5)	Other (including items <5% of total ordinary tax liabilities)	-	-	-
	Subtotal	\$ 142,141	\$ 122,543	\$ 19,598
(b)	Capital:			
(1)	Investments	-	-	-
(2)	Real estate	-	-	-
(3)	Other (including items <5% of total capital tax liabilities)	-	-	-
	Subtotal	\$ -	\$ -	\$ -
(c)	DTLs	\$ 142,141	\$ 122,543	\$ 19,598

## NOTES TO FINANCIAL STATEMENTS

### 4. Net deferred tax assets/liabilities

	2015	2014	Change
	\$ 153,328	\$ 271,650	\$ (118,322)

### D. Reconciliation of federal income tax rate to actual effective rate

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to the pre-tax income. The significant items causing this difference are as follows:

	2015		Effective Tax
	Amount	Tax Effect	Rate
Income before taxes	\$ 1,371,865	\$ 480,153	35.0%
Tax exempt interest	(312,049)	(109,217)	-8.0%
Dividends received deduction	(16,531)	(5,786)	-0.4%
Nondeductible items	4,344	1,520	0.1%
Change in nonadmitted assets	(14,406)	(5,042)	-0.4%
Other, including prior year true-up	(399,646)	(139,876)	-10.2%
Total	<u><u>\$ 633,577</u></u>	<u><u>\$ 221,752</u></u>	<u><u>16.2%</u></u>
 Federal income taxes incurred	 \$ 53,873	 3.9%	
Tax on capital gains (losses)	14,920	1.1%	
Change in net deferred income taxes	152,959	11.1%	
Total statutory income taxes	<u><u>\$ 221,752</u></u>	<u><u>16.2%</u></u>	

### E. Loss and tax credit carryforwards, incurred taxes available for recoupment and deposits admitted under Section 6603 of the Internal Revenue Service Code.

- (1) At December 31, 2015 the Company had no operating loss or tax credit carry-forwards to offset future taxable income or taxes.
- (2) The following represents income tax expense for 2013-2015 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2014	\$ 1,280,509	\$ 4,115	\$ 1,284,624
2015	\$ 261,278	\$ 14,920	\$ 276,198

- (3) The Company has no deposits admitted under Section 6603 of the Internal Revenue Service Code.

### F. Consolidated Federal Income Tax Return

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

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

## NOTES TO FINANCIAL STATEMENTS

### Coverys Specialty Insurance Company

(2) The method of allocation between the companies is subject to written agreement, approved by the Board of Directors.

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

#### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

##### A. Nature of Relationships

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

##### B. Detail of Transactions Greater than ½% of Admitted Assets

The Company has no non-insurance transactions greater than ½% of admitted assets.

##### C. Change in Terms of Intercompany Arrangements

The terms of intercompany management and service arrangement were changed effective January 1 of the current year to include Coverys Specialty Insurance Company.

##### D. Amounts Due to or from Related Parties

The Company reported \$302,731 and \$1,467,938 at December 31, 2015 and 2014, respectively due to Medical Professional Mutual Insurance Company related to the federal tax sharing agreement.

The Company reported \$147,556 and \$237,104 due to affiliates in the current and prior years, respectively related to the management services agreement. The amounts due to affiliates are as follows:

Affiliate	2015	2014
Medical Professional Mutual Insurance Company	\$ -	\$ 616
MHA Insurance Company	147,556	236,492
Totals	\$ 147,556	\$ 237,108

The Company also reported \$883,705 and \$0 due from its affiliates in the current and prior years, respectively related to the management services agreement.

##### E. Guarantees or Undertakings for Related Parties

The Company has no material guarantees or contingencies for related parties.

##### F. Management, Service Contracts, Cost Sharing Arrangements

Effective January 1, 2015 the Company participated in a management service agreement with its Coverys affiliates whereby certain management, administrative and operational services are shared. The fee is based on a formula calculated on a pro rata basis of the direct premium written, direct losses paid, change in direct case loss reserves and direct ALAE paid. As a result of the management services agreement the Company allocated \$962,134 to other Coverys affiliates during 2015.

## NOTES TO FINANCIAL STATEMENTS

### G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by OHA Holdings, Inc., however, the ultimate parent is Medical Professional Mutual Insurance Company.

### H. Amount Deducted for Investment in Upstream Company

The Company has no investment in an upstream company.

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

The Company has no investment in affiliates whose carrying value is equal to or exceeds 10% of the admitted assets of the Company.

### J. Write-downs for Impairment of Investments in Affiliates

The Company did not recognize any impairment write down for its investments in subsidiary, controlled or affiliated companies during the statement periods.

### K. Foreign Insurance Subsidiary Valued Using CARVM

The Company does not directly invest in a foreign insurance subsidiary.

### L. Downstream Holding Company Valued Using Look-Through Method

The Company does not have any investments in any downstream noninsurance holding company.

## 11. Debt

The Company does not have any items related to debt, including capital notes.

## 12. Retirement Debt Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

### A. Defined Benefit Plan

The Company does not have a defined benefit plan.

### B. Investment Policies

Not applicable

### C. Fair Value

Not applicable

### D. Rate of Return

Not applicable

### E. Defined Contribution Plan

The Company's employees are covered by qualified defined contribution pension plan sponsored by the Company. A contribution was made in 2015 in the amount of \$32,396 for 2014 that was based on each employee's length of service, age and average salary over the most recent five years to meet a target benefit. A contribution of approximately \$32,776 will be made in 2016 for 2015.

The Company sponsors a 401K Employee Savings Plan. Substantially all employees are eligible to participate in the Company's Employee Savings Plan under which a portion of the employee contributions are matched by the Company. For the years ended December 31, 2015 and 2014, the Company's match was \$22,819 and \$61,746, respectively.

The Company provides a non-qualified deferred compensation plan for its directors and officers

## NOTES TO FINANCIAL STATEMENTS

F. Multiemployer Plan

The Company does not participate in a multiemployer benefit plan.

G. Consolidated/Holding Company Plans

The Company does not participate in benefit plans sponsored by a holding company or its parent company.

H. Postemployment Benefits

The Company has no obligations to current or former employees for benefits after their employment but before their retirement other than for compensation related to earned vacation. The liability for earned but untaken vacation pay has been accrued in accordance with SSAP No. 11 – Postemployment Benefits and Compensated Absences.

I. Impact of Medicare Modernization Act

The Medicare Modernization Act had no impact on the Company's benefits to employees.

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

- (1) The Company has 1,000 shares of \$1,000 par value common stock authorized issued and outstanding.
- (2) The Company has no preferred stock outstanding.
- (3) Under the insurance regulations of the State of Ohio, the maximum amount of dividends which the Company may pay to shareholders in any 12-month period without prior regulatory approval is limited the greater of 10% of the most recent year-end statutory surplus or the net income for the same year-end excluding realized capital gains. Accordingly, the maximum amount of ordinary dividends that the Company may pay in the next year is \$2,826,441.
- (4) There were no dividends paid in 2015.
- (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) There are no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) There are no advances to surplus.
- (8) There are no shares of stock held for special purposes.
- (9) There are no changes in special surplus funds.
- (10) The portion of unassigned funds (surplus) represented or reduced by unrealized gains and (losses) is \$130,319.
- (11) The Company issued the following surplus notes:

There are no surplus debentures or similar obligations issued by the Company.

- (12) There has been no quasi-reorganization nor restatement due to prior quasi-reorganization.
- (13) There have been no quasi-reorganizations in the prior 10 years.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company has no contingent commitments.

## NOTES TO FINANCIAL STATEMENTS

### B. Assessments

From time to time the Company is notified of insolvency of insurance companies. It is expected that these insolvencies will result in guaranty fund assessments against the Company at some future date. At this time the Company is unable to estimate the possible amounts, if any, of such assessments. Accordingly, the Company is unable to determine the impact, if any, such assessments may have on the Company's financial position or results of operations.

### C. The Company has no gain contingencies.

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

The Company did not have any claims related extra contractual obligation or bad faith losses stemming from Lawsuits.

### E. The Company does not have any product warranties.

### F. The Company does not have any agreements involving joint and several liabilities.

### G. All Other Contingencies

From time to time lawsuits against the Company may arise in the ordinary course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no asset that it considers to be impaired.

## 15. Leases

### A. Lessee Operating Lease

(1) The Company leases office space and certain office equipment under various cancelable operating lease agreements that expire through 2023. Rent expense for 2015 and 2014 was approximately \$70,914 and \$81,993, respectively.

(2) At January 1, 2016, the minimum aggregate rental commitments are as follows:

	Year Ending December 31	Operating Leases
1.	2016	\$ 78,756
2.	2017	80,334
3.	2018	81,911
4.	2019	83,574
5.	2020	85,237
6.	Thereafter	266,074
7.	Total	\$ 675,886

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

### B. Lessor Leases

Not applicable

## 16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

The Company has no financial instruments with material off-balance sheet risk.

## 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

The Company does not have any transactions involved in the transfer and servicing of financial assets.

## NOTES TO FINANCIAL STATEMENTS

**18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

The Company did not have any uninsured accident and health plans, ASO Plans, ASC Plans nor Medicare or similarly structured cost based reimbursement contracts.

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

As of December 31, 2015 direct premiums produced by managing general agents or third party administrators was not greater than 5% of policyholders' surplus.

**20. Fair Value Measurement**

**A. Information about the Company's financial assets measured at fair value on a recurring basis is as follows:**

**(1) Fair value measurements at Reporting Date:**

The Company has categorized its assets and liabilities that are measured at fair value into 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.

**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 or liability	Level 1	Level 2	Level 3	Total
<b>a. Assets at fair value</b>				
Perpetual preferred stock				
Industrial and misc	\$ -	\$ -	\$ -	\$ -
Parent, subsidiaries and affiliates	-	-	-	-
Total perpetual preferred stocks	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Bonds				
U. S. Government	\$ -	\$ -	\$ -	\$ -
Industrial and misc	-	-	-	-
Hybrid securities	-	-	-	-
Parent, subsidiaries and affiliates	-	-	-	-
Total bonds	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Common stock				
Industrial and misc	\$ 1,322,046	\$ -	\$ -	\$ 1,322,046
Parent, subsidiaries and affiliates	-	-	-	-
Total common stocks	<u>\$ 1,322,046</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,322,046</u>
Derivative assets				
Interest rate contracts	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-
Credit contracts	-	-	-	-
Commodity futures contracts	-	-	-	-
Commodity forward contracts	-	-	-	-
Total derivatives	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Separate account assets	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	<u><u>\$ 1,322,046</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 1,322,046</u></u>
<b>b. Liabilities at fair value</b>				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>

## NOTES TO FINANCIAL STATEMENTS

(2) The Company did not have any level 3 securities in which the fair value was used for carrying value.

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.

(3) The Company recognizes transfers between fair value levels at the end of the reporting period.

(4) The Company had no asset or liability fair value measurements in Levels 2 or 3 during 2015 and 2014.

(5) The Company has no derivative assets or liabilities.

B. Disclosure of fair value information disclosed under SSAP No. 100 combined with fair value information disclosed under other accounting pronouncements is not required.

C. Aggregate fair value by type of financial instrument

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Preferred Stocks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bonds	35,666,549	34,933,804	-	35,666,549	-	-
Common Stocks	1,322,046	1,322,046	1,322,046	-	-	-
Other Invested Assets	-	-	-	-	-	-
Short Term	614,310	614,310	614,310	-	-	-

D. The Company does not have any financial instruments for which the estimated fair value is not practicable.

21. Other Items

A. The Company does not have any unusual or infrequent items.

B. The Company does not have any troubled debt restructurings.

C. Other Disclosures

The Company does not have any unusual items that require disclosure.

D. The Company does not have any business interruption insurance recoveries.

E. The Company does not have any unused transferable state tax credits available for future use.

F. Subprime Mortgage Related Risk Exposure

The Company does not have any other investments with direct exposure.

G. The Company does not have any proceeds from issuance of insurance-linked securities.

22. Events Subsequent

Subsequent events have been considered through February 19, 2016 for the statutory statement issued on March 1, 2016.

23. Reinsurance

A. Unsecured Reinsurance Recoverables

## NOTES TO FINANCIAL STATEMENTS

The Company has the following unsecured aggregate recoverable for losses, paid and unpaid including IBNR, loss adjustment expenses and unearned premium with individual reinsurers authorized or unauthorized, that exceeds 3% of the Company's policyholder surplus.

Reinsurer	FEIN	NAIC Number	Unsecured Aggregate Recoverable
Lloy d's Syndicate 4472	AA-1126006		\$ 1,234,714
Odyssey American Reinsurance Corp.	47-0698507	23680	1,173,049

B. The Company does not have any reinsurance recoverables in dispute.

C. Reinsurance Assumed and Ceded and Protected Cells

- (1) The following table summarizes ceded and assumed unearned premiums and the related commission equity at the end of the current year.
- (2) There is no additional or return commission in this annual statement predicated on loss experience or on any other form of profit sharing arrangements as a result of existing contractual arrangements.
- (3) The Company does not use protected cells as an alternative to traditional reinsurance.

D. The Company has no uncollectable reinsurance.

E. The Company did not participate in a commutation of reinsurance in 2015 or 2014.

F. The Company has no retroactive reinsurance.

G. The Company has no reinsurance accounted for as a deposit.

H. The Company has no transfer of property and casualty run-off agreements.

I. The Company does not have any certified reinsurers who have had a rate downgraded or status subject to revocation.

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

The Company did not write any retrospectively rated contracts.

### 25. Change in Incurred Losses and Loss Adjustment Expenses

Net reserves for incurred losses and loss adjustment expenses attributable to insured events of prior years has decreased by approximately \$700,000 as a result of re-estimation of unpaid losses and loss adjustment expenses. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

### 26. Intercompany Pooling Arrangements

The Company does not have any inter-company pooling arrangements.

### 27. Structured Settlements

The Company has not purchased annuities under which the Company is owner and/or payee.

### 28. Health Care Receivables

The Company does not have any record health care receivables.

### 29. Participating Policies

The Company did not issue any participating policies.

## NOTES TO FINANCIAL STATEMENTS

30. Premium Deficiency Reserves

The Company has not recorded any premium deficiency reserves. The Company does anticipate investment income when evaluating the need for any such reserve.

31. High Deductibles

Not applicable

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

The Company does not discount unpaid losses or unpaid loss adjustment expenses.

33. Asbestos/Environmental Reserves

The Company has identified no potential for the existence of a liability due to asbestos and/or environmental losses.

34. Subscriber Savings Accounts

Not applicable

35. Multiple Peril Crop Insurance

The Company does not write any multiple peril crop insurance.

36. Financial Guaranty Insurance

The Company does not write any financial guaranty insurance.

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [  ] No [  ]

If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [  ] No [  ] N/A [  ]

1.3 State Regulating?

Ohio.....

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [  ] No [  ]

2.2 If yes, date of change: .....03/30/2015

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....12/31/2013

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .....12/31/2013

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .....12/17/2014

3.4 By what department or departments? Ohio Department of Insurance.....

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [  ] No [  ] N/A [  ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [  ] No [  ] N/A [  ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? Yes [  ] No [  ] 4.12 renewals? Yes [  ] No [  ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.21 sales of new business? Yes [  ] No [  ] 4.22 renewals? Yes [  ] No [  ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [  ] No [  ]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [  ] No [  ]

6.2 If yes, give full information .....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [  ] No [  ]

7.2 If yes,

7.21 State the percentage of foreign control .....

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

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

# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC

## GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

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

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

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

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]

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

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

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

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

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

12.11 Name of real estate holding company \_\_\_\_\_

12.12 Number of parcels involved \_\_\_\_\_

12.13 Total book/adjusted carrying value \$.....

12.2 If yes, provide explanation

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

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

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

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

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

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ X ] 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.

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

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

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

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

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

# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC

## GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

### BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ X ] No [ ]

### FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers \$.....  
20.12 To stockholders not officers \$.....  
20.13 Trustees, supreme or grand (Fraternal only) \$.....

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): 20.21 To directors or other officers \$.....  
20.22 To stockholders not officers \$.....  
20.23 Trustees, supreme or grand (Fraternal only) \$.....

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year: 21.21 Rented from others \$.....  
21.22 Borrowed from others \$.....  
21.23 Leased from others \$.....  
21.24 Other \$.....

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]

22.2 If answer is yes: 22.21 Amount paid as losses or risk adjustment \$.....  
22.22 Amount paid as expenses \$.....  
22.23 Other amounts paid \$.....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ X ]

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

### INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [ X ] No [ ]

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] NA [ X ]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [ X ]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [ X ]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....

24.103 Total payable for securities lending reported on the liability page \$.....

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**GENERAL INTERROGATORIES**

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [ ] No [ X ]

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

25.21 Subject to repurchase agreements	\$.....
25.22 Subject to reverse repurchase agreements	\$.....
25.23 Subject to dollar repurchase agreements	\$.....
25.24 Subject to reverse dollar repurchase agreements	\$.....
25.25 Placed under option agreements	\$.....
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....
25.27 FHLB Capital Stock	\$.....
25.28 On deposit with states	\$.....
25.29 On deposit with other regulatory bodies	\$.....
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32 Other	\$.....

25.3 For category (25.26) provide the following:

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

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

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

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

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

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

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [ X ]

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

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

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**GENERAL INTERROGATORIES**

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

1 Central Registration Depository Number(s)	2 Name	3 Address
105900.....	General RE-New England Asset Management, Inc.....	74 Batterson Park Road, Farmington, CT 06032.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ X ] No [ ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2001. 922908-71-0.....	VANGUARD 500 INDEX FUND.....	1,322,046
29.2999 TOTAL		1,322,046

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
VANGUARD 500 INDEX FUND.....	APPLE, INC.....	43,628	12/31/2015.....
VANGUARD 500 INDEX FUND.....	MICROSOFT CORP.....	33,051	12/31/2015.....
VANGUARD 500 INDEX FUND.....	EXXONMOBIL CORP.....	23,797	12/31/2015.....
VANGUARD 500 INDEX FUND.....	GENERAL ELECTRIC CO.....	21,153	12/31/2015.....
VANGUARD 500 INDEX FUND.....	JOHNSON & JOHNSON.....	21,153	12/31/2015.....

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	35,548,114	36,280,858	732,744
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	35,548,114	36,280,858	732,744

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

The Company's custodian obtains price quotes from various pricing services who estimate fair value based on observable market transactions for identical and similar investments in active markets, market transactions for the same investments in inactive markets, or other observable market data.....

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

Yes [ X ] No [ ]

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

Yes [ X ] No [ ]

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

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

Yes [ X ] No [ ]

32.2 If no, list exceptions:

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC

**GENERAL INTERROGATORIES**

**OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ ..... 3,402

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

1 Name	2 Amount Paid
Insurance Service Office, Inc.....	\$.....3,402

34.1 Amount of payments for legal expenses, if any? \$ ..... 8,470

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Porter, Wright, Morris & Arthur, LLP.....	\$.....8,470

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ .....

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

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

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**GENERAL INTERROGATORIES**  
**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ ] No [ X ]

1.2 If yes, indicate premium earned on U. S. business only. ..... \$ ..... 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ .....

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. ..... \$ .....

1.5 Indicate total incurred claims on all Medicare Supplement insurance. ..... \$ ..... 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned ..... \$ ..... 0

1.62 Total incurred claims ..... \$ ..... 0

1.63 Number of covered lives ..... 0

All years prior to most current three years:

1.64 Total premium earned ..... \$ ..... 0

1.65 Total incurred claims ..... \$ ..... 0

1.66 Number of covered lives ..... 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned ..... \$ ..... 0

1.72 Total incurred claims ..... \$ ..... 0

1.73 Number of covered lives ..... 0

All years prior to most current three years:

1.74 Total premium earned ..... \$ ..... 0

1.75 Total incurred claims ..... \$ ..... 0

1.76 Number of covered lives ..... 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	\$ ..... 0	\$ ..... 0
2.2 Premium Denominator	\$ ..... 721,793	\$ ..... 8,063,415
2.3 Premium Ratio (2.1/2.2)	.....0.000	.....0.000
2.4 Reserve Numerator	\$ ..... 0	\$ ..... 0
2.5 Reserve Denominator	\$ ..... 11,038,311	\$ ..... 14,155,873
2.6 Reserve Ratio (2.4/2.5)	.....0.000	.....0.000

3.1 Does the reporting entity issue both participating and non-participating policies? ..... Yes [ ] No [ X ]

3.2 If yes, state the amount of calendar year premiums written on:

3.21 Participating policies ..... \$ .....

3.22 Non-participating policies ..... \$ .....

4. For Mutual reporting entities and Reciprocal Exchanges only:

4.1 Does the reporting entity issue assessable policies? ..... Yes [ ] No [ ]

4.2 Does the reporting entity issue non-assessable policies? ..... Yes [ ] No [ ]

4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders? ..... %

4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. ..... \$ .....

5. For Reciprocal Exchanges Only:

5.1 Does the exchange appoint local agents? ..... Yes [ ] No [ ]

5.2 If yes, is the commission paid:

5.21 Out of Attorney's-in-fact compensation ..... Yes [ ] No [ ] N/A [ ]

5.22 As a direct expense of the exchange ..... Yes [ ] No [ ] N/A [ ]

5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? ..... Yes [ ] No [ ]

5.5 If yes, give full information

# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC

## GENERAL INTERROGATORIES

### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss: .....  
Not applicable.....

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: .....  
Not applicable.....

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? .....  
Not applicable.....

6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? .....  
Yes [ ] No [ X ]

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss  
Not applicable.....

7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? .....  
Yes [ ] No [ X ]

7.2 If yes, indicate the number of reinsurance contracts containing such provisions.....

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? .....  
Yes [ ] No [ ]

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? .....  
Yes [ ] No [ X ]

8.2 If yes, give full information.....

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  
 (a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;  
 (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  
 (c) Aggregate stop loss reinsurance coverage;  
 (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  
 (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  
 (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.....  
Yes [ ] No [ X ]

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  
 (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  
 (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.....  
Yes [ ] No [ X ]

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  
 (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  
 (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  
 (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.....

9.4 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  
 (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  
 (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?.....  
Yes [ ] No [ X ]

9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  
 (a) The entity does not utilize reinsurance; or  
 (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or  
 (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.....  
Yes [ ] No [ X ]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?.....  
Yes [ ] No [ ] N/A [X]

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**GENERAL INTERROGATORIES**  
**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force:..... Yes [ ] No [ X ]  
 11.2 If yes, give full information

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:  
 12.11 Unpaid losses..... \$.....  
 12.12 Unpaid underwriting expenses (including loss adjustment expenses)..... \$.....

12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds..... \$.....

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?..... Yes [ ] No [ ] N/A [X]

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:  
 12.41 From..... %.....  
 12.42 To..... %.....

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?..... Yes [ ] No [ X ]

12.6 If yes, state the amount thereof at December 31 of current year:  
 12.61 Letters of Credit..... \$.....  
 12.62 Collateral and other funds..... \$.....

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation):..... \$..... 10,000,000  
 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?..... Yes [ ] No [ X ]  
 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount..... 3

14.1 Is the company a cedant in a multiple cedant reinsurance contract?..... Yes [ ] No [ X ]  
 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
 .....  
 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?..... Yes [ ] No [ ]  
 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?..... Yes [ ] No [ ]  
 14.5 If the answer to 14.4 is no, please explain:  
 .....  
 15.1 Has the reporting entity guaranteed any financed premium accounts?..... Yes [ ] No [ X ]  
 15.2 If yes, give full information  
 .....  
 16.1 Does the reporting entity write any warranty business?..... Yes [ ] No [ X ]  
 If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
16.12 Products .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
16.13 Automobile .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
16.14 Other* .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....

\* Disclose type of coverage:

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC****GENERAL INTERROGATORIES**  
**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5..... Yes [ ] No [ X ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption:

	Gross amount of unauthorized reinsurance in Schedule F – Part 3	\$.....
17.11	excluded from Schedule F – Part 5.....	\$.....
17.12	Unfunded portion of Interrogatory 17.11.....	\$.....
17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11.....	\$.....
17.14	Case reserves portion of Interrogatory 17.11.....	\$.....
17.15	Incurred but not reported portion of Interrogatory 17.11.....	\$.....
17.16	Unearned premium portion of Interrogatory 17.11.....	\$.....
17.17	Contingent commission portion of Interrogatory 17.11.....	\$.....

Provide the following information for all other amounts included in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included above.

	Gross amount of unauthorized reinsurance in Schedule F – Part 3	\$.....
17.18	excluded from Schedule F – Part 5.....	\$.....
17.19	Unfunded portion of Interrogatory 17.18.....	\$.....
17.20	Paid losses and loss adjustment expenses portion of Interrogatory 17.18.....	\$.....
17.21	Case reserves portion of Interrogatory 17.18.....	\$.....
17.22	Incurred but not reported portion of Interrogatory 17.18.....	\$.....
17.23	Unearned premium portion of Interrogatory 17.18.....	\$.....
17.24	Contingent commission portion of Interrogatory 17.18.....	\$.....

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

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Gross Premiums Written</b> (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	104,778	5,432,545	8,325,053	8,578,378	10,413,565
2. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	0	0
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	0	0
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
6. Total (Line 35) .....	104,778	5,432,545	8,325,053	8,578,378	10,413,565
<b>Net Premiums Written</b> (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	(422,245)	7,376,698	3,974,481	4,075,506	4,644,691
8. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	0	0
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	0	0
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
12. Total (Line 35) .....	(422,245)	7,376,698	3,974,481	4,075,506	4,644,691
<b>Statement of Income</b> (Page 4)					
13. Net underwriting gain (loss) (Line 8) .....	398,784	3,368,560	(821,129)	(889,002)	(2,016,701)
14. Net investment gain (loss) (Line 11) .....	961,814	916,869	909,184	1,819,808	1,425,503
15. Total other income (Line 15) .....	(8,785)	197,446	0	0	(2,744)
16. Dividends to policyholders (Line 17) .....	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19) .....	53,874	1,280,509	(131,387)	(94,155)	(249,238)
18. Net income (Line 20) .....	1,297,939	3,202,367	219,442	1,024,961	(344,704)
<b>Balance Sheet Lines</b> (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3) .....	40,862,062	43,574,450	43,635,511	45,313,993	45,138,912
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1) .....	(66,636)	880,740	212,810	155,514	68,109
20.2 Deferred and not yet due (Line 15.2) .....	0	0	1,329,030	1,382,869	1,438,030
20.3 Accrued retrospective premiums (Line 15.3) .....	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26) .....	12,597,655	16,465,363	19,754,268	21,920,954	22,668,031
22. Losses (Page 3, Line 1) .....	7,585,742	8,032,882	7,884,946	9,910,571	11,473,985
23. Loss adjustment expenses (Page 3, Line 3) .....	3,263,417	4,789,801	4,900,294	4,832,846	4,775,864
24. Unearned premiums (Page 3, Line 9) .....	189,152	1,333,190	2,019,907	1,824,995	2,123,594
25. Capital paid up (Page 3, Lines 30 & 31) .....	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
26. Surplus as regards policyholders (Page 3, Line 37) .....	28,264,408	27,109,090	23,881,243	23,393,041	22,470,880
<b>Cash Flow</b> (Page 5)					
27. Net cash from operations (Line 11) .....	(1,315,149)	1,036,665	(2,112,952)	(506,777)	762,072
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital .....	28,264,408	27,109,090	23,881,243	23,393,041	22,470,880
29. Authorized control level risk-based capital .....	1,271,243	2,644,079	1,787,105	2,025,759	2,096,015
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b>					
(Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1) .....	88.4	88.2	89.4	84.2	83.7
31. Stocks (Lines 2.1 & 2.2) .....	3.3	3.2	2.9	0.0	7.3
32. Mortgage loans on real estate (Lines 3.1 and 3.2) .....	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3) .....	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5) .....	8.3	8.6	7.7	15.8	9.0
35. Contract loans (Line 6) .....	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7) .....	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8) .....	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9) .....	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10) .....	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11) .....	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12) .....	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1) .....	0	0	0	0	0
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1) .....	0	0	0	0	0
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1) .....	0	0	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
46. Affiliated mortgage loans on real estate .....					
47. All other affiliated .....					
48. Total of above Lines 42 to 47 .....	0	0	0	0	0
49. Total Investment in parent included in Lines 42 to 47 above .....					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0) .....	0.0	0.0	0.0	0.0	0.0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**FIVE-YEAR HISTORICAL DATA**

**(Continued)**

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24) .....	(9,890)	137,065	126,666	(114,123)	(635)
52. Dividends to stockholders (Line 35) .....	0	0	0	0	0
53. Change in surplus as regards policyholders for the year (Line 38) .....	1,155,322	3,227,848	488,204	922,159	(238,181)
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	4,172,500	1,516,692	4,670,083	5,056,164	4,433,620
55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	0	0
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	0	0
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
59. Total (Line 35) .....	4,172,500	1,516,692	4,670,083	5,056,164	4,433,620
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	877,500	495,442	2,889,750	2,831,164	1,883,620
61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	0	0
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	0	0
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
65. Total (Line 35) .....	877,500	495,442	2,889,750	2,831,164	1,883,620
<b>Operating Percentages (Page 4)</b> (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2) .....	59.6	8.0	22.9	29.0	46.4
68. Loss expenses incurred (Line 3) .....	(26.1)	11.2	36.3	36.6	48.4
69. Other underwriting expenses incurred (Line 4) .....	11.2	39.1	59.7	53.8	43.2
70. Net underwriting gain (loss) (Line 8) .....	55.2	41.8	(21.7)	(20.3)	(40.4)
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) .....	(21.3)	40.0	59.5	58.7	49.1
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) .....	33.5	19.1	59.2	65.6	94.7
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .....	(1.5)	27.2	16.6	17.4	20.7
<b>One Year Loss Development (000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11) .....	(471)	(1,217)	(2,111)	(1,215)	(649)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0) .....	(1.7)	(5.1)	(9.0)	(5.4)	(2.9)
<b>Two Year Loss Development (000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) .....	(2,805)	(3,673)	(3,347)	(1,650)	(1,001)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0) .....	(11.7)	(15.7)	(14.9)	(7.3)	(4.6)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, *Accounting Changes and Correction of Errors*?

Yes  No

If no, please explain

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES**  
**SCHEDULE P - PART 1 - SUMMARY**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	1	0	.12	0	0	.13	XXX	
2. 2006	12,807	5,719	7,088	3,047	760	.972	.49	.632	0	0	3,842	XXX	
3. 2007	12,972	6,317	6,654	3,881	1,950	.1,698	.362	.569	0	0	3,836	XXX	
4. 2008	13,076	5,448	7,628	5,374	3,800	.2,191	.262	.673	0	0	4,176	XXX	
5. 2009	12,414	5,867	6,547	3,098	500	.1,591	.55	.724	0	0	4,858	XXX	
6. 2010	12,706	6,440	6,266	3,000	1,225	.1,145	.135	.683	0	0	3,468	XXX	
7. 2011	10,899	5,909	4,990	2,380	458	.852	.80	.571	0	0	3,265	XXX	
8. 2012	9,115	4,742	4,373	2,546	1,538	.635	.24	.491	0	0	2,110	XXX	
9. 2013	8,117	4,337	3,779	3,113	2,850	.833	0	.373	0	0	1,468	XXX	
10. 2014	6,482	(1,581)	8,063	42	0	.365	0	.180	0	0	.587	XXX	
11. 2015	1,491	770	722	0	0	50	0	19	0	0	69	XXX	
12. Totals	XXX	XXX	XXX	26,481	13,082	10,332	967	4,928	0	0	27,693	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	0	0	.47	.47	0	0	.3	.3	.3	0	0	3	XXX
2.	0	0	114	114	0	0	6	.6	.7	0	0	8	XXX
3.	1,750	1,250	107	.115	0	0	.19	.139	.22	0	0	395	XXX
4.	.350	0	.305	.310	0	0	.38	.14	.17	0	0	.387	XXX
5.	0	0	475	475	0	0	.28	.27	.30	0	0	.31	XXX
6.	.375	0	.961	.902	0	0	.307	.58	.139	0	0	.821	XXX
7.	.375	0	.660	.631	0	0	.191	.47	.113	0	0	.662	XXX
8.	.175	0	.974	.884	0	0	.206	.81	.134	0	0	.524	XXX
9.	4,124	1,800	1,682	1,281	0	0	.763	.299	.254	0	0	.3,442	XXX
10.	4,240	2,000	1,505	1,189	0	0	.918	.216	.316	0	0	3,575	XXX
11.	197	0	482	313	0	0	.512	.37	.163	0	0	1,003	XXX
12.	11,586	5,050	7,311	6,261	0	0	2,992	926	1,198	0	0	10,849	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	3
2.	4,779	.929	3,850	.37.3	.16.2	.54.3	0	0		0	7
3.	8,047	3,816	4,231	.62.0	.60.4	.63.6	0	0		492	(98)
4.	8,948	4,386	4,563	.68.4	.80.5	.59.8	0	0		345	.42
5.	5,946	1,057	4,889	.47.9	.18.0	.74.7	0	0		0	.31
6.	.6,610	2,320	.4,290	.52.0	.36.0	.68.5	0	0		434	.388
7.	.5,142	1,216	.3,926	.47.2	.20.6	.78.7	0	0		404	.258
8.	.5,161	2,527	.2,633	.56.6	.53.3	.60.2	0	0		265	.259
9.	11,141	6,230	4,911	137.3	143.6	129.9	0	0		2,724	.718
10.	7,567	3,405	4,162	116.7	(215.4)	51.6	0	0		2,556	1,019
11.	1,423	350	1,073	95.4	45.5	148.6	0	0		366	637
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	7,586	3,263

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**SCHEDULE P - PART 2 - SUMMARY**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 Two Year
1. Prior	3,077	2,758	2,089	1,888	1,690	1,695	1,581	1,580	1,578	1,578	0	(2)
2. 2006	4,673	4,358	4,222	3,592	3,498	3,437	3,382	3,227	3,217	3,211	(7)	(16)
3. 2007	XXX	4,484	4,039	4,504	3,742	3,539	3,743	3,695	3,744	3,640	(104)	(56)
4. 2008	XXX	XXX	4,738	4,400	4,804	5,137	4,724	3,961	3,990	3,873	(117)	(88)
5. 2009	XXX	XXX	XXX	5,336	5,374	4,911	4,394	4,716	4,383	4,134	(249)	(582)
6. 2010	XXX	XXX	XXX	XXX	5,031	4,771	4,664	3,473	3,421	3,467	46	(5)
7. 2011	XXX	XXX	XXX	XXX	XXX	4,580	4,366	4,072	3,574	3,242	(332)	(829)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	3,538	3,557	2,812	2,008	(804)	(1,549)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,962	4,307	4,285	(22)	323
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,549	3,665	1,117	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	890	XXX	XXX
										12. Totals	(471)	(2,805)

**SCHEDULE P - PART 3 - SUMMARY**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
1. Prior	000	964	1,046	1,155	1,177	1,185	1,578	1,578	1,578	1,579	XXX	XXX
2. 2006	39	1,059	1,867	2,762	3,152	3,170	3,175	3,209	3,217	3,210	XXX	XXX
3. 2007	XXX	172	594	1,943	2,982	3,100	3,165	3,198	3,230	3,267	XXX	XXX
4. 2008	XXX	XXX	176	961	1,795	2,785	2,934	3,297	3,456	3,503	XXX	XXX
5. 2009	XXX	XXX	XXX	387	920	2,005	3,192	3,977	4,317	4,134	XXX	XXX
6. 2010	XXX	XXX	XXX	XXX	100	709	1,975	2,557	2,673	2,785	XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XXX	430	1,067	2,180	2,712	2,694	XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	56	707	.950	1,618	XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	52	.104	1,096	XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.46	.407	XXX	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	50	XXX	XXX

**SCHEDULE P - PART 4 - SUMMARY**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	1,211	828	.264	.221	.9	5	.3	.2	0	0
2. 2006	3,534	1,385	.647	.335	130	.69	.39	.8	0	0
3. 2007	XXX	2,599	1,201	310	301	310	18	(13)	3	(127)
4. 2008	XXX	XXX	2,617	864	222	7	.65	(23)	3	20
5. 2009	XXX	XXX	XXX	2,611	462	362	219	487	.66	1
6. 2010	XXX	XXX	XXX	XXX	2,820	1,396	744	265	112	307
7. 2011	XXX	XXX	XXX	XXX	XXX	2,266	1,315	.818	.159	.174
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	2,858	.1,965	.546	.215
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.3,240	.619	.865
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.990	1,018
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	643

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC**

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

**Allocated By States And Territories**

States, etc.	Active Status	1	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken	4	5	6	7	8	9
		2 Direct Premiums Written	3 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges Not Included in Premiums	Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
1. Alabama	AL	N	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0
9. Dist. Columbia	DC	N	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0	0	0
15. Indiana	IN	N	0	0	0	0	0	0	0
16. Iowa	IA	N	0	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0
18. Kentucky	KY	N	0	0	0	0	0	0	0
19. Louisiana	LA	N	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0
34. No. Carolina	NC	N	0	0	0	0	0	0	0
35. No. Dakota	ND	N	0	0	0	0	0	0	0
36. Ohio	OH	L	104,778	1,491,397	0	4,172,500	2,109,225	18,896,476	0
37. Oklahoma	OK	N	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0
41. So. Carolina	SC	N	0	0	0	0	0	0	0
42. So. Dakota	SD	N	0	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Totals	(a)	1	104,778	1,491,397	0	4,172,500	2,109,225	18,896,476	0
<b>DETAILS OF WRITE-INS</b>									
58001.		XXX.							
58002.		XXX.							
58003.		XXX.							
58998. Sum. of remaining write-ins for Line 58 from overflow page		XXX.	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 + 58998) (Line 58 above)		XXX.	0	0	0	0	0	0	0

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

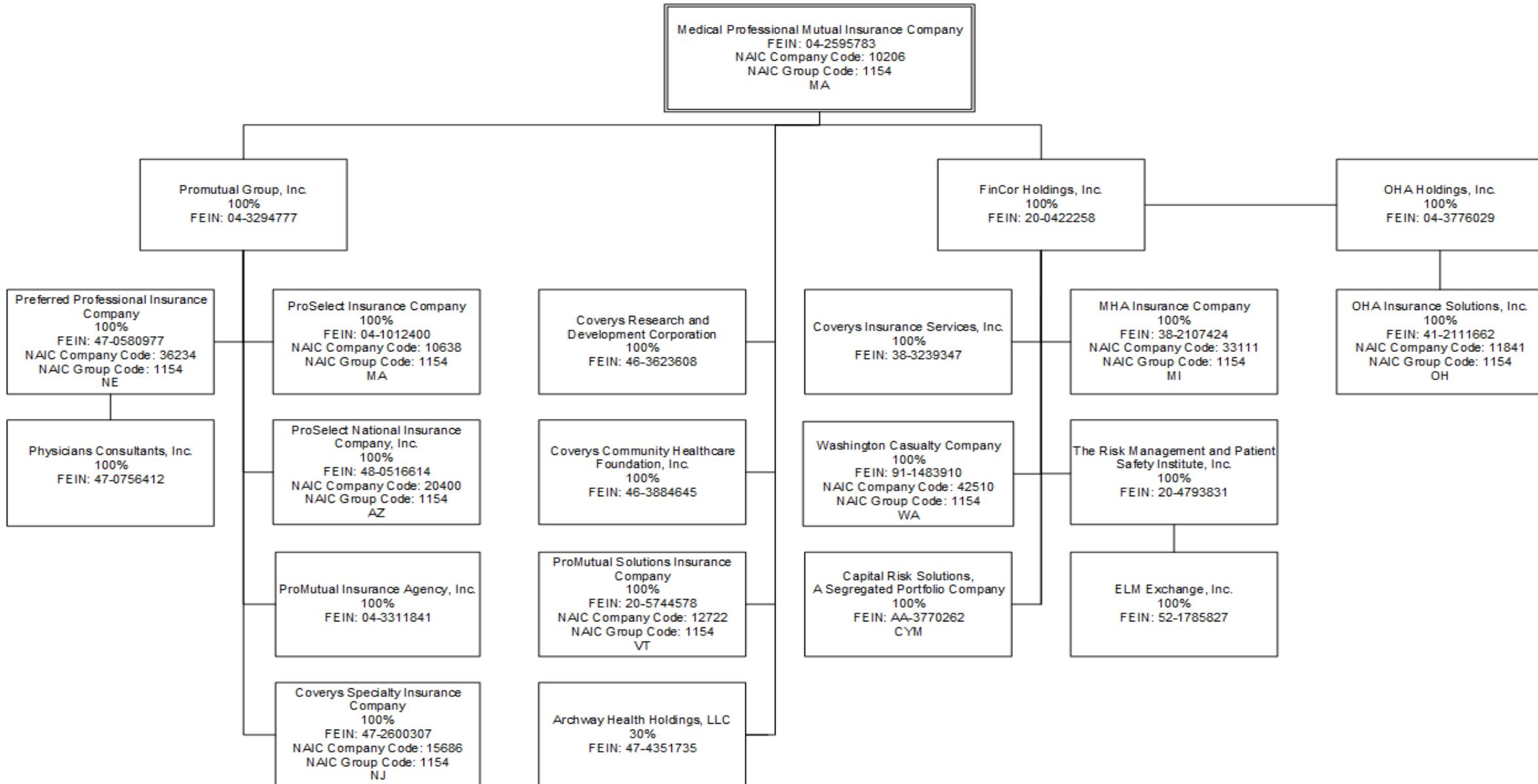
**Explanation of basis of allocation of premiums by states, etc.**

Location of insured

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC

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



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