



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

NAIC Group Code	01154	01154	NAIC Company Code	11841	Employer's ID Number	41-2111662
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio			State of Domicile or Port of Entry		Ohio
Country of Domicile	United States					
Incorporated/Organized	10/17/2003			Commenced Business		01/01/2004
Statutory Home Office	155 E. Broad Street, Suite 302			Columbus, OH, US 43215-3619		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	155 E. Broad Street, Suite 302			Columbus, OH, US 43215-3619		614-255-4840
	(Street and Number)			(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)
Mail Address	155 E. Broad Street, Suite 302			Columbus, OH, US 43215-3619		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	155 E. Broad Street, Suite 302			Columbus, OH, US 43215-3619		614-255-4840
	(Street and Number)			(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)
Internet Web Site Address	www.ohainsurance.com					
Statutory Statement Contact	Michael Richard Gabree			617-428-9888		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	mgabree@coverys.com			617-526-0384		
	(E-Mail Address)			(Fax Number)		

OFFICERS

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

OTHER OFFICERS

Wayne Thomas Zack	Senior Vice President		
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DIRECTORS OR TRUSTEES

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

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

ss

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? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes [ X ] No [ ] _____ _____ _____



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 01154		BUSINESS IN THE STATE OF Ohio				DURING THE YEAR 2015				NAIC Company Code 11841			
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire .....												
2.1	Allied lines .....												
2.2	Multiple peril crop .....												
2.3	Federal flood .....												
2.4	Private crop .....												
3.	Farmowners multiple peril .....												
4.	Homeowners multiple peril .....												
5.1	Commercial multiple peril (non-liability portion) .....												
5.2	Commercial multiple peril (liability portion) .....												
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....												
10.	Financial guaranty .....												
11.	Medical professional liability .....	104,778	1,193,899		189,151	4,172,500	2,637,419	8,656,729	1,194,797	183,687	2,444,835		11,113
12.	Earthquake .....												
13.	Group accident and health (b) .....												
14.	Credit A & H (group and individual) .....												
15.1	Collectively renewable A & H (b) .....												
15.2	Non-cancelable A & H (b) .....												
15.3	Guaranteed renewable A & H (b) .....												
15.4	Non-renewable for stated reasons only (b) .....												
15.5	Other accident only .....												
15.6	Medicare Title XVIII exempt from state taxes or fees .....												
15.7	All other A & H (b) .....												
15.8	Federal Employees Health Benefits Plan premium (b) .....												
16.	Workers' compensation .....												
17.1	Other liability-Occurrence .....						(314,255)	374,391		(29,199)	21,024		
17.2	Other Liability-Claims-Made .....		297,498				(213,939)	9,865,356	40,008	(55,258)	593,536		
17.3	Excess workers' compensation .....												
18.	Products liability .....												
19.1	Private passenger auto no-fault (personal injury protection) .....												
19.2	Other private passenger auto liability .....												
19.3	Commercial auto no-fault (personal injury protection) .....												
19.4	Other commercial auto liability .....												
21.1	Private passenger auto physical damage .....												
21.2	Commercial auto physical damage .....												
22.	Aircraft (all perils) .....												
23.	Fidelity .....												
24.	Surety .....												
26.	Burglary and theft .....												
27.	Boiler and machinery .....												
28.	Credit .....												
30.	Warranty .....												
34.	Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTAL (a) .....	104,778	1,491,397	0	189,151	4,172,500	2,109,225	18,896,476	1,234,805	99,230	3,059,395	0	11,113
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



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Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1	Allied lines	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2	Multiple peril crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3	Federal flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4	Private crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.	Farmowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.	Homeowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1	Commercial multiple peril (non-liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2	Commercial multiple peril (liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.	Mortgage guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.	Ocean marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.	Inland marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10.	Financial guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11.	Medical professional liability	104,778	1,193,899	.0	189,151	4,172,500	2,637,419	8,656,729	1,194,797	183,687	2,444,835	.0	11,113
12.	Earthquake	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13.	Group accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14.	Credit A & H (group and individual)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1	Collectively renewable A & H (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2	Non-cancelable A & H (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3	Guaranteed renewable A & H (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4	Non-renewable for stated reasons only (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5	Other accident only	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6	Medicare Title XVIII exempt from state taxes or fees	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7	All other A & H (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8	Federal Employees Health Benefits Plan premium (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16.	Workers' compensation	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.1	Other liability-Occurrence	.0	.0	.0	.0	.0	(314,255)	374,391	.0	(29,199)	21,024	.0	.0
17.2	Other Liability-Claims-Made	.0	297,498	.0	.0	.0	(213,939)	9,865,356	40,008	(55,258)	593,536	.0	.0
17.3	Excess workers' compensation	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.	Products liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1	Private passenger auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.2	Other private passenger auto liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.3	Commercial auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4	Other commercial auto liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.1	Private passenger auto physical damage	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.2	Commercial auto physical damage	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
22.	Aircraft (all perils)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23.	Fidelity	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24.	Surety	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26.	Burglary and theft	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
27.	Boiler and machinery	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28.	Credit	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
30.	Warranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34.	Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35.	TOTAL (a)	104,778	1,491,397	0	189,151	4,172,500	2,109,225	18,896,476	1,234,805	99,230	3,059,395	0	11,113
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

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

Schedule F - Part 1

NONE

Schedule F - Part 2

NONE

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

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On										Reinsurance Payable		18	19
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	7	8	9	10	11	12	13	14	15	16	17	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties	
Authorized - Other U.S. Unaffiliated Insurers																			
42-0635534	15865	NCMIC INS CO	IA		28					314	28			342	8		335		
47-0698507	23680	ODYSSEY REINS CO	CT		41			453		625	96			1,173	60		1,113		
75-1444207	30058	SCOR REINS CO	NY		80			285		533	71			888	64		824		
13-5616275	19453	TRANSATLANTIC REINS CO	NY		30			418		253	48			719	101		618		
52-1952955	10357	RENAISSANCE REINS US INC	MD		2			248		537	69			854	0		854		
0999998 - Total Authorized - Other U. S. Unaffiliated Insurers (Under \$100,000)					(3)					44	3			47	0		47		
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers					179	0	0	1,403	0	2,306	315	0	0	4,024	233	0	3,790	0	
Authorized - Other Non-U.S. Insurers																			
AA-1120337	00000	ASPEN INS UK LTD	GBR		10			429		520	83			1,032	53		979		
AA-1340125	00000	HANNOVER RUECK SE	DEU		42					300	27			328			328		
AA-1126435	00000	LLOYD'S SYNDICATE NUMBER 435	GBR		31			334		430	62			826	74		753		
AA-1128003	00000	LLOYD'S SYNDICATE NUMBER 2003	GBR		48			488		387	66			942	116		826		
AA-1126006	00000	Lloyd's Syndicate Number 4472	GBR		56			579		563	92			1,235	118		1,116		
AA-1126190	00000	LLOYD'S SYNDICATE NUMBER 190	GBR											0	0		0		
AA-1120084	00000	Lloyd's Syndicate Number 1955	GBR		3			120		132	23			275	41		234		
AA-1120075	00000	Lloyd's Syndicate Number 4020	GBR		45			410		270	46			726	126		599		
AA-1126566	00000	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999)	GBR		25			251		222	35			509	69		440		
AA-1128001	00000	LLOYD'S SYNDICATE NUMBER 2001	GBR		21			155		80	14			249	47		202		
AA-1128987	00000	Lloyd's Syndicate Number 2987	GBR		2			30		92	13			135			135		
13-3138390	42307	NAVIGATORS INS CO	NY		20			95		107	17			220	16		204		
AA-3194129	00000	Montpelier Reins Ltd	BMU		1			77		20	10			107			107		
AA-1128000	00000	LLOYD'S SYNDICATE NUMBER 2000 (INCIDENTAL TO 2999)	GBR		(1)			98		29	13			141			141		
1299998 - Total Authorized - Other Non-U.S. Insurers (Under \$100,000)					9			51		279	25			354	2		352		
1299999 - Total Authorized - Other Non-U.S. Insurers					313	0	0	3,118	0	3,430	528	0	0	7,077	661	0	6,416	0	
1399999 - Total Authorized - Total Authorized					492	0	0	4,521	0	5,736	843	0	0	11,100	894	0	10,206	0	
Unauthorized - Other non-U.S. Insurers																			
AA-1120481	00000	QBE INS (EUROPE) LTD	GBR											0			0		
AA-3194161	00000	Catlin Ins Co Ltd	BMU		26			415		383	65			863	81		782		
AA-3190795	00000	Catalina Safety Reins Ltd	BMU		13			114		72	15			200	29		172		
2599998 - Total Unauthorized - Other Non-U.S. Insurers (under \$100,000)					(4)					70	5			75	4		71		
2599999 - Total Unauthorized - Other Non-U.S. Insurers					35	0	0	529	0	525	85	0	0	1,138	113	0	1,025	0	
2699999 - Total Unauthorized - Total Unauthorized					35	0	0	529	0	525	85	0	0	1,138	113	0	1,025	0	
4099999 - Total Authorized, Unauthorized and Certified					527	0	0	5,050	0	6,261	928	0	0	12,239	1,007	0	11,231	0	
9999999 Totals					527	0	0	5,050	0	6,261	928	0	0	12,239	1,007	0	11,231	0	

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

1		2		3			
Name of Reinsurer		Commission Rate		Ceded Premium			
1.	.....						
2.	.....						
3.	.....						
4.	.....						
5.	.....						
B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on-the total recoverables, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.							
1		2		3		4	
Name of Reinsurer		Total Recoverables		Ceded Premiums		Affiliated	
1.	Lloyd's Syndicate # 4472 (LIB).....	1,234,714		56,203		Yes	<input type="checkbox"/> No <input type="checkbox"/> X
2.	Aspen Insurance UK Ltd.....	1,032,313		10,396		Yes	<input type="checkbox"/> No <input type="checkbox"/> X
3.	Odyssey American Reinsurance Corp.....	1,173,049		41,037		Yes	<input type="checkbox"/> No <input type="checkbox"/> X
4.	SCOR REINS.....	888,477		80,025		Yes	<input type="checkbox"/> No <input type="checkbox"/> X
5.	Lloyd's syndicate # 2003 (SJC).....	941,874		48,482		Yes	<input type="checkbox"/> No <input type="checkbox"/> X

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

## SCHEDULE F - PART 4

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

[illegible]

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

## SCHEDULE F - PART 5

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

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

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

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
...0001...	1...	...021000089...	Citibank.....	.....1,607
...0002...	1...	...072000096...	Comerica.....	.....180
...0003...	1...	.....	Natixis - NATXUS3B.....	.....160
...0004...	1...	...021000089...	Citibank.....	.....65
...0005...	1...	...021000089...	Citibank.....	.....38



Schedule F - Part 6 - Section 1

NONE

Schedule F - Part 6 - Section 2

NONE

Schedule F - Part 7

NONE

Schedule F - Part 8

NONE

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance			
	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	39,532,818		39,532,818
2. Premiums and considerations (Line 15)	(66,636)		(66,636)
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	0		0
4 Funds held by or deposited with reinsured companies (Line 16.2)	0		0
5. Other assets	1,395,881		1,395,881
6. Net amount recoverable from reinsurers		11,231,279	11,231,279
7. Protected cell assets (Line 27)	0		0
8. Totals (Line 28)	40,862,063	11,231,279	52,093,342
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	10,849,159	12,238,724	23,087,883
10. Taxes, expenses, and other obligations (Lines 4 through 8)	404,343		404,343
11. Unearned premiums (Line 9)	189,152		189,152
12. Advance premiums (Line 10)	0		0
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0		0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	1,007,445	(1,007,445)	0
15. Funds held by company under reinsurance treaties (Line 13)	0		0
16. Amounts withheld or retained by company for account of others (Line 14)	0		0
17. Provision for reinsurance (Line 16)	0		0
18. Other liabilities	147,556		147,556
19. Total liabilities excluding protected cell business (Line 26)	12,597,655	11,231,279	23,828,934
20. Protected cell liabilities (Line 27)	0		0
21. Surplus as regards policyholders (Line 37)	28,264,408	X X X	28,264,408
22. Totals (Line 38)	40,862,063	11,231,279	52,093,342

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

If yes, give full explanation:  
.....

Schedule H - Part 1

NONE

Schedule H - Part 2

NONE

Schedule H - Part 3

NONE

Schedule H - Part 4

NONE

Schedule H - Part 5 - Health Claims

NONE

Schedule P - Part 1A - Home/Farm

NONE

Schedule P - Part 1B - Private Passenger

NONE

Schedule P - Part 1C - Comm Auto/Truck

NONE

Schedule P - Part 1D - Workers' Comp

NONE

Schedule P - Part 1E - Comm Multi Peril

NONE

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			Salvage and Subrogation Received
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	1	0	12	0	0	13	XXX
2. 2006	615	161	454	0	0	0	0	0	0	0	0	0
3. 2007	291	22	269	0	0	0	0	0	0	0	0	0
4. 2008	240	19	221	0	0	0	0	0	0	0	0	0
5. 2009	155	36	120	0	0	3	0	0	0	0	3	0
6. 2010	600	48	552	1,725	500	227	132	32	0	0	1,352	0
7. 2011	316	25	290	0	0	0	0	4	0	0	4	0
8. 2012	352	28	323	0	0	0	0	0	0	0	0	0
9. 2013	198	16	182	0	0	52	0	17	0	0	69	1
10. 2014	192	0	192	0	0	0	0	0	0	0	0	0
11. 2015	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	1,725	500	283	132	65	0	0	1,441	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	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	1	1	0	0	0	0	0	0	0	0	0
5.	0	0	2	2	0	0	1	0	0	0	0	1	0
6.	0	0	459	1,101	0	0	49	(70)	31	0	0	(492)	0
7.	0	0	30	19	0	0	6	1	2	0	0	18	0
8.	0	0	24	11	0	0	7	2	2	0	0	20	0
9.	0	0	384	166	0	0	164	34	33	0	0	381	1
10.	0	0	77	0	0	0	23	0	6	0	0	106	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	977	1,300	0	0	250	(33)	74	0	0	34	1

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	1	1	0	0.4	5.2	0.0	0	0	0.0	0	0
5.	6	2	4	3.9	5.6	3.3	0	0	0.0	0	1
6.	2,523	1,663	860	420.2	3,461.8	155.7	0	0	0.0	(642)	150
7.	42	20	22	13.3	79.2	7.6	0	0	0.0	11	7
8.	33	13	20	9.4	46.2	6.2	0	0	0.0	13	7
9.	650	200	450	328.0	1,261.4	246.8	0	0	0.0	218	163
10.	106	0	106	55.2	0.0	55.2	0	0	0.0	77	29
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	(323)	357

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	
				4	5	6	7	8	9		
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	XXX
2. 2006	8,396	2,032	6,364	3,043	760	958	49	621	0	0	0
3. 2007	8,234	2,130	6,104	3,881	1,950	1,698	362	566	0	0	1
4. 2008	8,262	1,150	7,112	5,340	3,800	2,162	262	539	0	0	2
5. 2009	7,770	1,772	5,998	3,090	500	1,583	55	669	0	0	0
6. 2010	7,166	1,789	5,377	1,270	725	907	3	626	0	0	4
7. 2011	5,984	1,546	4,438	2,378	458	852	80	532	0	0	5
8. 2012	5,266	1,500	3,765	2,542	1,538	624	24	448	0	0	10
9. 2013	5,102	1,695	3,406	3,113	2,850	720	0	311	0	0	19
10. 2014	4,234	(177)	4,411	40	0	365	0	171	0	0	16
11. 2015	1,436	770	667	0	0	50	0	19	0	0	7
12. Totals	XXX	XXX	XXX	24,697	12,582	9,919	835	4,502	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	47	47	0	0	3	3	3	0	0	3	0
2.	0	0	114	114	0	0	6	6	7	0	0	8	0
3.	1,750	1,250	107	115	0	0	19	139	22	0	0	395	1
4.	350	0	304	309	0	0	38	14	17	0	0	387	0
5.	0	0	473	473	0	0	27	27	30	0	0	30	0
6.	375	0	502	(199)	0	0	258	31	108	0	0	1,410	4
7.	375	0	630	612	0	0	185	45	111	0	0	644	4
8.	175	0	948	872	0	0	196	76	131	0	0	501	4
9.	4,124	1,800	1,290	1,113	0	0	583	262	219	0	0	3,041	7
10.	4,240	2,000	1,421	1,188	0	0	879	212	309	0	0	3,449	11
11.	187	0	471	303	0	0	412	17	156	0	0	906	7
12.	11,576	5,050	6,307	4,948	0	0	2,607	831	1,113	0	0	10,774	38

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	3
2.	4,750	929	3,821	56.6	45.7	60.0	0	0	0.0	0	7
3.	8,043	3,816	4,228	97.7	179.1	69.3	0	0	0.0	492	(98)
4.	8,750	4,385	4,366	105.9	381.3	61.4	0	0	0.0	345	42
5.	5,872	1,055	4,817	75.6	59.5	80.3	0	0	0.0	0	30
6.	4,046	560	3,485	56.5	31.3	64.8	0	0	0.0	1,076	335
7.	5,063	1,195	3,868	84.6	77.3	87.2	0	0	0.0	393	251
8.	5,064	2,510	2,553	96.2	167.3	67.8	0	0	0.0	251	250
9.	10,360	6,025	4,335	203.1	355.4	127.3	0	0	0.0	2,500	540
10.	7,425	3,400	4,025	175.4	(1,920.9)	91.3	0	0	0.0	2,473	976
11.	1,295	320	975	90.2	41.6	146.3	0	0	0.0	355	552
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	7,885	2,888

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

(\$000 OMITTED)												
Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2007	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2008	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2015	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23  Salvage and Subrogation 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	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

(\$000 OMITTED)												
Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
1. Prior	XXX	XXX	XXX								.0	XXX
2. 2006	.0	.0	.0								.0	.0
3. 2007	.0	.0	.0								.0	.0
4. 2008	.0	.0	.0								.0	.0
5. 2009	.0	.0	.0								.0	.0
6. 2010	.179	.2	.177								.0	.0
7. 2011	.66	.1	.65								.0	.0
8. 2012	.17	.1	.16								.0	.0
9. 2013	.0	.0	.0								.0	.0
10. 2014	.0	.0	.0								.0	.0
11. 2015	.0	.0	.0								.0	.0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23  Salvage and Subrogation 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	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0			0	0	0	97	0	0	0	(97)	0
7.	0	0			0	0	0	1	0	0	0	(1)	0
8.	0	0			0	0	0	0	0	0	0	0	0
9.	0	0			0	0	0	0	0	0	0	0	0
10.	0	0			0	0	0	0	0	0	0	0	0
11.	0	0			0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	98	0	0	0	(98)	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount		
	26	27	28	29	30	31	32	33		35	36	
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid	
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0	
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0	0
6.	0	97	(97)	0.0	5,370.0	(54.8)	0	0	0.0	0	(97)	0
7.	0	1	(1)	0.0	93.9	(0.9)	0	0	0.0	0	(1)	0
8.	0	0	0	0.6	1.4	0.6	0	0	0.0	0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	(98)	

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

(\$000 OMITTED)												
Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
												Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0		0	XXX
2. 2006	3,796	3,526	270	4	0	14	0	11	0		29	0
3. 2007	4,447	4,165	282	0	0	0	0	3	0		3	0
4. 2008	4,574	4,279	295	34	0	29	0	134	0		197	0
5. 2009	4,489	4,059	430	8	0	5	0	55	0		68	0
6. 2010	4,761	4,601	160	5	0	11	0	25	0		41	0
7. 2011	4,533	4,337	196	2	0	0	0	35	0		37	0
8. 2012	3,481	3,212	269	4	0	11	0	43	0		58	1
9. 2013	2,817	2,626	191	0	0	61	0	45	0		105	1
10. 2014	2,056	(1,404)	3,460	2	0	0	0	9	0		11	0
11. 2015	55	0	55	0	0	0	0	0	0		0	1
12. Totals	XXX	XXX	XXX	59	0	131	0	361	0	0	550	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	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	2	1	0	0	4	3	1	0	0	2	1
9.	0	0	8	2	0	0	17	3	2	0	0	21	1
10.	0	0	7	2	0	0	16	3	1	0	0	20	0
11.	10	0	11	9	0	0	99	21	7	0	0	97	1
12.	10	0	27	14	0	0	135	30	10	0	0	139	3

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	29	0	29	0.8	0.0	10.8	0	0	0.0	0	0
3.	3	0	3	0.1	0.0	1.2	0	0	0.0	0	0
4.	197	0	197	4.3	0.0	66.7	0	0	0.0	0	0
5.	68	0	68	1.5	0.0	15.9	0	0	0.0	0	0
6.	41	0	41	0.9	0.0	25.9	0	0	0.0	0	0
7.	37	0	37	0.8	0.0	18.8	0	0	0.0	0	0
8.	64	4	60	1.8	0.1	22.3	0	0	0.0	0	2
9.	131	5	126	4.7	0.2	66.0	0	0	0.0	6	15
10.	36	5	31	1.7	(0.4)	0.9	0	0	0.0	6	14
11.	127	30	97	231.4	0.0	176.8	0	0	0.0	12	85
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	24	116



Schedule P - Part 1I - Special Property

NONE

Schedule P - Part 1J - Auto Physical

NONE

Schedule P - Part 1K - Fidelity/Surety

NONE

Schedule P - Part 1L - Other

NONE

Schedule P - Part 1M - International

NONE

Schedule P - Part 1N - Reinsurance

NONE

Schedule P - Part 1O - Reinsurance

NONE

Schedule P - Part 1P - Reinsurance

NONE

Schedule P - Part 1R - Prod Liab Occur

NONE

Schedule P - Part 1R - Prod Liab Claims

NONE

Schedule P - Part 1S-Fin./Mtg. Guaranty

NONE

Schedule P - Part 1T - Warranty

NONE

Schedule P - Part 2A

NONE

Schedule P - Part 2B

NONE

Schedule P - Part 2C

NONE

Schedule P - Part 2D

NONE

Schedule P - Part 2E

NONE

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

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	One Year	Two Year
1. Prior	122	70	41	23	9	5	3	3	0	1	1	(2)
2. 2006	259	162	107	68	30	18	10	9	1	0	(1)	(9)
3. 2007	XXX	97	72	50	24	15	8	7	1	0	(1)	(7)
4. 2008	XXX	XXX	86	66	39	24	14	11	1	0	(1)	(11)
5. 2009	XXX	XXX	XXX	65	46	35	21	18	6	4	(2)	(14)
6. 2010	XXX	XXX	XXX	XXX	347	458	779	735	699	797	98	62
7. 2011	XXX	XXX	XXX	XXX	XXX	169	123	99	24	16	(8)	(83)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	226	180	66	18	(48)	(162)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	153	321	400	79	247
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	100	100	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											218	23

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

1. Prior	2,853	2,627	2,015	1,854	1,681	1,690	1,578	1,578	1,578	1,577	0	0
2. 2006	4,159	3,996	3,986	3,474	3,451	3,401	3,354	3,200	3,199	3,192	(6)	(7)
3. 2007	XXX	4,122	3,774	4,387	3,685	3,498	3,716	3,689	3,743	3,640	(104)	(49)
4. 2008	XXX	XXX	4,324	4,109	4,607	4,952	4,615	3,887	3,804	3,810	6	(77)
5. 2009	XXX	XXX	XXX	4,977	5,155	4,773	4,313	4,685	4,365	4,118	(247)	(567)
6. 2010	XXX	XXX	XXX	XXX	4,435	4,088	3,775	2,713	2,707	2,751	45	38
7. 2011	XXX	XXX	XXX	XXX	XXX	4,205	4,098	3,953	3,547	3,225	(322)	(727)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	3,120	3,219	2,587	1,974	(613)	(1,244)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,627	3,946	3,805	(141)	178
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,519	3,545	1,026	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	800	XXX	XXX
12. Totals											(357)	(2,458)

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

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

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

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	16	13	10	5	0	(97)	(97)	(102)
7. 2011	XXX	XXX	XXX	XXX	XXX	6	5	3	0	(1)	(1)	(4)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	14	9	1	0	(1)	(9)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											(99)	(115)

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

1. Prior	103	61	33	10	0	0	0	0	0	0	0	0
2. 2006	255	200	129	50	18	19	18	18	18	18	0	0
3. 2007	XXX	265	193	67	34	26	18	0	0	0	0	0
4. 2008	XXX	XXX	328	225	158	161	95	63	185	63	(122)	0
5. 2009	XXX	XXX	XXX	294	173	102	60	13	12	13	0	0
6. 2010	XXX	XXX	XXX	XXX	232	213	100	19	16	16	0	(3)
7. 2011	XXX	XXX	XXX	XXX	XXX	200	140	17	3	2	(1)	(15)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	178	149	158	16	(142)	(133)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	182	40	80	40	(102)
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	20	(9)	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	90	XXX	XXX
12. Totals											(233)	(255)

Schedule P - Part 2I  
**NONE**

Schedule P - Part 2J  
**NONE**

Schedule P - Part 2K  
**NONE**

Schedule P - Part 2L  
**NONE**

Schedule P - Part 2M  
**NONE**

Schedule P - Part 2N  
**NONE**

Schedule P - Part 2O  
**NONE**

Schedule P - Part 2P  
**NONE**

Schedule P - Part 2R - Prod Liab Occur  
**NONE**

Schedule P - Part 2R - Prod Liab Claims  
**NONE**

Schedule P - Part 2S  
**NONE**

Schedule P - Part 2T

NONE

Schedule P - Part 3A

NONE

Schedule P - Part 3B

NONE

Schedule P - Part 3C

NONE

Schedule P - Part 3D

NONE

Schedule P - Part 3E

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015		
1. Prior	.000.	.0	.0	.0	.0	.0	.0	.0	.0	.1	.0	.0
2. 2006	.1	.1	.1	.1	.1	.1	.1	.1	.1	.0	.0	.1
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.3	.3	.3	.3	.3	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.69	.619	.619	.619	1,320	.2	.1
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.1
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.7	.15	.52	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0

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

1. Prior	.000.	.964	1,046	1,155	1,177	1,185	1,578	1,578	1,578	1,578	.6	.11
2. 2006	.34	1,040	1,848	2,743	3,134	3,151	3,156	3,190	3,199	3,192	.11	.23
3. 2007	XXX	.172	.594	1,943	2,982	3,100	3,165	3,198	3,230	3,267	.9	.37
4. 2008	XXX	XXX	.154	.911	1,739	2,707	2,871	3,233	3,272	3,440	.10	.24
5. 2009	XXX	XXX	XXX	.385	.912	1,990	3,177	3,962	4,302	4,118	.13	.46
6. 2010	XXX	XXX	XXX	XXX	.100	.627	1,341	1,922	2,039	1,449	.8	.44
7. 2011	XXX	XXX	XXX	XXX	XXX	.428	1,065	2,178	2,711	2,692	.4	.31
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.52	.702	.945	1,604	.0	.14
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.35	.71	.983	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.35	.405	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.50	.0	.0

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

1. Prior	.000.	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX

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

1. Prior	.000.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0

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

1. Prior	.000.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.4	.18	.18	.18	.18	.18	.18	.18	.18	.18	.4	.1
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1
4. 2008	XXX	XXX	.23	.50	.56	.78	.63	.63	.185	.63	.7	.3
5. 2009	XXX	XXX	XXX	.3	.9	.12	.12	.12	.12	.13	.5	.1
6. 2010	XXX	XXX	XXX	XXX	.0	.13	.16	.16	.16	.16	.1	.2
7. 2011	XXX	XXX	XXX	XXX	XXX	.2	.2	.2	.2	.2	.2	.2
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.4	.5	.5	.15	.1	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.9	.18	.61	.0	.1
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.11	.2	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0

Schedule P - Part 3I  
**NONE**

Schedule P - Part 3J  
**NONE**

Schedule P - Part 3K  
**NONE**

Schedule P - Part 3L  
**NONE**

Schedule P - Part 3M  
**NONE**

Schedule P - Part 3N  
**NONE**

Schedule P - Part 3O  
**NONE**

Schedule P - Part 3P  
**NONE**

Schedule P - Part 3R - Prod Liab Occur  
**NONE**

Schedule P - Part 3R - Prod Liab Claims  
**NONE**

Schedule P - Part 3S  
**NONE**

Schedule P - Part 3T

NONE

Schedule P - Part 4A

NONE

Schedule P - Part 4B

NONE

Schedule P - Part 4C

NONE

Schedule P - Part 4D

NONE

Schedule P - Part 4E

NONE



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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	122	70	41	23	9	5	3	2	0	0
2. 2006	258	162	107	68	29	17	10	8	0	0
3. 2007	XXX	97	72	50	24	15	8	7	1	0
4. 2008	XXX	XXX	86	66	39	24	14	11	1	0
5. 2009	XXX	XXX	XXX	65	46	32	18	15	3	1
6. 2010	XXX	XXX	XXX	XXX	254	66	161	116	80	(523)
7. 2011	XXX	XXX	XXX	XXX	XXX	169	123	99	24	16
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	226	180	66	18
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	123	301	348
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	100
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	987	696	189	188	0	0	0	0	0	0
2. 2006	3,025	1,042	429	235	101	52	29	0	0	0
3. 2007	XXX	2,236	936	193	244	269	(9)	(20)	3	(127)
4. 2008	XXX	XXX	2,370	736	166	(9)	19	(34)	2	20
5. 2009	XXX	XXX	XXX	2,333	313	239	152	472	63	0
6. 2010	XXX	XXX	XXX	XXX	2,381	1,266	489	141	31	927
7. 2011	XXX	XXX	XXX	XXX	XXX	1,892	1,048	701	134	158
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	2,444	1,735	475	195
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,015	310	498
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	972	900
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	563

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

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	5	0	(97)
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	3	0	(1)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	14	9	1	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	1	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	3	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	16	1	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	174	40	4	1
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	102	8	19
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	18
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80

Schedule P - Part 4I  
**NONE**

Schedule P - Part 4J  
**NONE**

Schedule P - Part 4K  
**NONE**

Schedule P - Part 4L  
**NONE**

Schedule P - Part 4M  
**NONE**

Schedule P - Part 4N  
**NONE**

Schedule P - Part 4O  
**NONE**

Schedule P - Part 4P  
**NONE**

Schedule P - Part 4R - Prod Liab Occur  
**NONE**

Schedule P - Part 4R - Prod Liab Claims  
**NONE**

Schedule P - Part 4S  
**NONE**

Schedule P - Part 4T - Warranty

NONE

Schedule P - Part 5A- SN1

NONE

Schedule P - Part 5A- SN2

NONE

Schedule P - Part 5A- SN3

NONE

Schedule P - Part 5B- SN1

NONE

Schedule P - Part 5B- SN2

NONE

Schedule P - Part 5B- SN3

NONE

Schedule P - Part 5C- SN1

NONE

Schedule P - Part 5C- SN2

NONE

Schedule P - Part 5C- SN3

NONE

Schedule P - Part 5D- SN1

NONE

Schedule P - Part 5D- SN2

NONE

Schedule P - Part 5D- SN3

NONE

Schedule P - Part 5E- SN1

NONE

Schedule P - Part 5E- SN2

NONE

Schedule P - Part 5E- SN3

NONE

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

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.2	.2	.2	.2
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	1	.3	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	1	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	.0	.1
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.1	.1	.1	.1	.1	.1	.1	.1	.1	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	1	.3	.3	.3	.3	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	1	.1	.1	.1	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	.1	.1
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	.1	.4	.1	.0	.0	.0	.1	.0	.0	.0
2. 2006	.0	.4	.6	.10	.11	.11	.11	.11	.12	.11
3. 2007	XXX	.1	.2	.3	.7	.9	.9	.9	.9	.9
4. 2008	XXX	XXX	.1	.3	.3	.8	.9	.10	.11	.10
5. 2009	XXX	XXX	XXX	.1	.2	.8	.12	.13	.15	.13
6. 2010	XXX	XXX	XXX	XXX	.3	.4	.6	.8	.8	.8
7. 2011	XXX	XXX	XXX	XXX	XXX	.1	.2	.4	.5	.4
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.1	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	.11	.7	.6	.2	.1	.1	.0	.0	.0	.0
2. 2006	.23	.18	.13	.4	.2	.2	.2	.1	.1	.0
3. 2007	XXX	.32	.27	.14	.5	.3	.2	.1	.1	.1
4. 2008	XXX	XXX	.20	.20	.18	.12	.7	.4	.4	.0
5. 2009	XXX	XXX	XXX	.34	.34	.19	.4	.2	.2	.0
6. 2010	XXX	XXX	XXX	XXX	.31	.24	.12	.5	.5	.4
7. 2011	XXX	XXX	XXX	XXX	XXX	.27	.14	.8	.8	.4
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.12	.15	.17	.4
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.11	.11	.7
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.3	.11
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.7

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	.8	.3	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.22	.35	.35	.35	.35	.35	.35	.35	.34	.0
3. 2007	XXX	.35	.46	.46	.46	.47	.47	.47	.46	.1
4. 2008	XXX	XXX	.22	.37	.38	.38	.38	.38	.34	.2
5. 2009	XXX	XXX	XXX	.41	.59	.61	.61	.61	.59	.0
6. 2010	XXX	XXX	XXX	XXX	.35	.55	.57	.57	.53	.4
7. 2011	XXX	XXX	XXX	XXX	XXX	.34	.43	.43	.36	.5
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.17	.29	.14	.10
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.11	.14	.19
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.14	.16
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.7

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	1	0	0	0	0	0	0	0	0	0
2. 2006	4	4	4	4	4	4	4	4	4	4
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	4	6	6	6	7	7	7	7
5. 2009	XXX	XXX	XXX	4	5	5	5	5	5	5
6. 2010	XXX	XXX	XXX	XXX	0	1	1	1	1	1
7. 2011	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2006	1	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	6	3	1	1	0	0	0	0
5. 2009	XXX	XXX	XXX	2	1	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	1	2	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	2	1	1
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1	1
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	2	0	0	0	0	0	0	0	0	0
2. 2006	4	5	5	5	5	5	5	5	5	0
3. 2007	XXX	1	1	1	1	1	1	1	1	0
4. 2008	XXX	XXX	10	10	10	10	10	10	10	0
5. 2009	XXX	XXX	XXX	6	6	6	6	6	6	0
6. 2010	XXX	XXX	XXX	XXX	1	3	3	3	3	0
7. 2011	XXX	XXX	XXX	XXX	XXX	4	4	4	4	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	1	3	1	1
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	1	1
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1



Schedule P - Part 5R- SN1A

NONE

Schedule P - Part 5R- SN2A

NONE

Schedule P - Part 5R- SN3A

NONE

Schedule P - Part 5R- SN1B

NONE

Schedule P - Part 5R- SN2B

NONE

Schedule P - Part 5R- SN3B

NONE

Schedule P - Part 5T- SN1

NONE

Schedule P - Part 5T- SN2

NONE

Schedule P - Part 5T- SN3

NONE

Schedule P - Part 6C - SN1

NONE

Schedule P - Part 6C - SN2

NONE

Schedule P - Part 6D - SN1

NONE

Schedule P - Part 6D - SN2

NONE

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SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	179	179	179	179	179	.0	(179)
7. 2011	XXX	XXX	XXX	XXX	XXX	66	66	66	66	.0	(66)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	17	17	17	.0	(17)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(262)
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	179	66	17	0	0	0	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	2	2	2	2	2	.0	(2)
7. 2011	XXX	XXX	XXX	XXX	XXX	1	1	1	1	66	65
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	17	16
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	79
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	2	1	1	0	0	0	XXX

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	3,796	3,796	3,796	3,796	3,796	3,796	3,796	3,796	3,796	.0	(3,796)
3. 2007	XXX	4,447	4,447	4,447	4,447	4,447	4,447	4,447	4,447	.0	(4,447)
4. 2008	XXX	XXX	4,574	4,574	4,574	4,574	4,574	4,574	4,574	.0	(4,574)
5. 2009	XXX	XXX	XXX	4,489	4,489	4,489	4,489	4,489	4,489	.0	(4,489)
6. 2010	XXX	XXX	XXX	XXX	4,761	4,761	4,761	4,761	4,761	.0	(4,761)
7. 2011	XXX	XXX	XXX	XXX	XXX	4,533	4,533	4,533	4,533	.0	(4,533)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	3,481	3,481	3,481	.0	(3,481)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,817	2,817	191	(2,626)
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,056	.0	(2,056)
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(34,763)
13. Earned Premiums (Sc P-Pt 1)	3,796	4,447	4,574	4,489	4,761	4,533	3,481	2,817	2,056	55	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	3,526	3,526	3,526	3,526	3,526	3,526	3,526	3,526	3,526	3,796	270
3. 2007	XXX	4,165	4,165	4,165	4,165	4,165	4,165	4,165	4,165	4,447	282
4. 2008	XXX	XXX	4,279	4,279	4,279	4,279	4,279	4,279	4,279	4,574	294
5. 2009	XXX	XXX	XXX	4,059	4,059	4,059	4,059	4,059	4,059	4,489	430
6. 2010	XXX	XXX	XXX	XXX	4,601	4,601	4,601	4,601	4,601	4,716	115
7. 2011	XXX	XXX	XXX	XXX	XXX	4,337	4,337	4,337	4,337	4,533	196
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	3,212	3,212	3,212	3,481	270
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,626	2,626	2,817	191
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,404)	.0	1,404
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,452
13. Earned Premiums (Sc P-Pt 1)	3,526	4,165	4,279	4,059	4,601	4,337	3,212	2,626	(1,404)	0	XXX

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX

Schedule P - Part 6N - SN1

NONE

Schedule P - Part 6N - SN2

NONE

Schedule P - Part 6O - SN1

NONE

Schedule P - Part 6O - SN2

NONE

Schedule P - Part 6R - SN1A

NONE

Schedule P - Part 6R - SN2A

NONE

Schedule P - Part 6R - SN1B

NONE

Schedule P - Part 6R - SN2B

NONE

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

SECTION 1

	1	2	3	4	5	6
	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
Schedule P - Part 1						
1. Homeowners/Farmowners .....	0		0.0	0		0.0
2. Private Passenger Auto Liability/Medical .....	0		0.0	0		0.0
3. Commercial Auto/Truck Liability/Medical .....	0		0.0	0		0.0
4. Workers' Compensation .....	0		0.0	0		0.0
5. Commercial Multiple Peril .....	0		0.0	0		0.0
6. Medical Professional Liability-Occurrence .....	507		0.0	0		0.0
7. Medical Professional Liability -Claims- Made .....	6,870		0.0	(422)		0.0
8. Special Liability .....	0		0.0	0		0.0
9. Other Liability-Occurrence .....	24		0.0	0		0.0
10. Other Liability-Claims-Made .....	3,448		0.0	0		0.0
11. Special Property .....	0		0.0	0		0.0
12. Auto Physical Damage .....	0		0.0	0		0.0
13. Fidelity/Surety .....	0		0.0	0		0.0
14. Other .....	0		0.0	0		0.0
15. International .....	0		0.0	0		0.0
16. Reinsurance-Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance-Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance-Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability-Occurrence .....	0		0.0	0		0.0
20. Products Liability-Claims-Made .....	0		0.0	0		0.0
21. Financial Guaranty/Mortgage Guaranty .....	0		0.0	0		0.0
22. Warranty .....	0		0.0	0		0.0
23. Totals	10,849	0	0.0	(422)	0	0.0

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior .....	0	0	0	0	0	0	0	0	0	
2. 2006 .....	0	0	0	0	0	0	0	0	0	
3. 2007 .....	XXX	0	0	0	0	0	0	0	0	
4. 2008 .....	XXX	XXX	0	0	0	0	0	0	0	
5. 2009 .....	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2010 .....	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2011 .....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2012 .....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior .....	0	0	0	0	0	0	0	0	0	
2. 2006 .....	0	0	0	0	0	0	0	0	0	
3. 2007 .....	XXX	0	0	0	0	0	0	0	0	
4. 2008 .....	XXX	XXX	0	0	0	0	0	0	0	
5. 2009 .....	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2010 .....	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2011 .....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2012 .....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS  
(continued)

Years in Which Policies Were Issued	SECTION 4 NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	
3. 2007	XXX	0	0	0	0	0	0	0	0	
4. 2008	XXX	XXX	0	0	0	0	0	0	0	
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Years in Which Policies Were Issued	SECTION 5 NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	
3. 2007	XXX	0	0	0	0	0	0	0	0	
4. 2008	XXX	XXX	0	0	0	0	0	0	0	
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

SECTION 1

	1	2	3	4	5	6
	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
Schedule P - Part 1						
1. Homeowners/Farmowners .....	0		0.0	0		0.0
2. Private Passenger Auto Liability/Medical .....	0		0.0	0		0.0
3. Commercial Auto/Truck Liability/Medical.....	0		0.0	0		0.0
4. Workers' Compensation .....	0		0.0	0		0.0
5. Commercial Multiple Peril .....	0		0.0	0		0.0
6. Medical Professional Liability-Occurrence .....	507		0.0	0		0.0
7. Medical Professional Liability -Claims- Made .....	6,870		0.0	(422)		0.0
8. Special Liability .....	0		0.0	0		0.0
9. Other Liability-Occurrence .....	24		0.0	0		0.0
10. Other Liability-Claims-made .....	3,448		0.0	0		0.0
11. Special Property .....	0		0.0	0		0.0
12. Auto Physical Damage .....	0		0.0	0		0.0
13. Fidelity/Surety .....	0		0.0	0		0.0
14. Other .....	0		0.0	0		0.0
15. International .....	0		0.0	0		0.0
16. Reinsurance-Nonproportional Assumed Property .....	0		0.0	0		0.0
17. Reinsurance-Nonproportional Assumed Liability .....	0		0.0	0		0.0
18. Reinsurance-Nonproportional Assumed Financial Lines .....	0		0.0	0		0.0
19. Products Liability-Occurrence .....	0		0.0	0		0.0
20. Products Liability-Claims-Made .....	0		0.0	0		0.0
21. Financial Guaranty/Mortgage Guaranty .....	0		0.0	0		0.0
22. Warranty .....	0		0.0	0		0.0
23. Totals	10,849	0	0.0	(422)	0	0.0

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior .....	0	0	0	0	0	0	0	0	0	
2. 2006 .....	0	0		0	0	0	0	0	0	
3. 2007 .....	XXX	0	0	0	0	0	0	0	0	
4. 2008 .....	XXX	XXX	0	0	0	0	0	0	0	
5. 2009 .....	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2010 .....	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2011 .....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2012 .....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior .....	0	0	0	0	0	0	0	0	0	
2. 2006 .....	0	0	0	0	0	0	0	0	0	
3. 2007 .....	XXX	0	0	0	0	0	0	0	0	
4. 2008 .....	XXX	XXX	0	0	0	0	0	0	0	
5. 2009 .....	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2010 .....	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2011 .....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2012 .....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	



SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS  
(continued)

SECTION 4

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	
3. 2007	XXX	0	0	0	0	0	0	0	0	
4. 2008	XXX	XXX	0	0	0	0	0	0	0	
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	
3. 2007	XXX	0	0	0	0	0	0	0	0	
4. 2008	XXX	XXX	0	0	0	0	0	0	0	
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 6

Years in Which Policies Were Issued	INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	
3. 2007	XXX	0	0	0	0	0	0	0	0	
4. 2008	XXX	XXX	0	0	0	0	0	0	0	
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 7

Years in Which Policies Were Issued	RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	
3. 2007	XXX	0	0	0	0	0	0	0	0	
4. 2008	XXX	XXX	0	0	0	0	0	0	0	
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P INTERROGATORIES

1.

The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1

Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or “ERE”) benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost?  
If the answer to question 1.1 is “no”, leave the following questions blank. If the answer to question 1.1 is “yes”, please answer the following questions:

Yes [ X ] No [ ]
- 1.2

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

\$ .....189,151
- 1.3

Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?

Yes [ X ] No [ ]
- 1.4

Does the company report any DDR reserve as loss or loss adjustment expense reserve?

Yes [ ] No [ X ]
- 1.5

If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?

Yes [ X ] No [ ] N/A [ ]
- 1.6

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

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior .....		
1.602	2006 .....		
1.603	2007 .....		
1.604	2008 .....		
1.605	2009 .....		
1.606	2010 .....		
1.607	2011 .....		
1.608	2012 .....		
1.609	2013 .....		
1.610	2014 .....		
1.611	2015 .....		
1.612	Totals	0	0

2.

The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as “Defense and Cost Containment” and “Adjusting and Other”) reported in compliance with these definitions in this statement?

Yes [ X ] No [ ]
3.

The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement?:

Yes [ X ] No [ ]
4.

Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10?

Yes [ ] No [ X ]

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

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

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5.

What were the net premiums in force at the end of the year for:  
(in thousands of dollars)

5.1 Fidelity

\$ .....

5.2 Surety

\$ .....
6.

Claim count information is reported per claim or per claimant. (indicate which).....CLAIM  
If not the same in all years, explain in Interrogatory 7.
- 7.1

The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?

Yes [ X ] No [ ]
- 7.2

An extended statement may be attached.  
Beginning in 2015 and in an effort to make processes consistent among the insurance companies within the insurance holding company system, the Company no longer reports case reserves for defense and cost containment expenses. These are now reported within DCC IBNR reserves.....

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

Allocated By States and Territories

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

NONE

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01154.....	Coverys.....	11841.....	41-2111662.....				OHA Insurance Solutions, Inc.....	OH.....	RE.....	OHA Holdings, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	.....0
	Coverys.....		04-3776029.....				OHA Holdings, Inc.....	OH.....	UDP.....	FinCor Holdings, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	.....0
	Coverys.....		20-0422258.....				FinCor Holdings, Inc.....	MI.....	UIP.....	Medical Professional Mutual Insurance Company.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	.....0
01154.....	Coverys.....	10206.....	04-2595783.....				Medical Professional Mutual Insurance Company.....	MA.....	UIP.....			0.0		.....0
	Coverys.....		04-3294777.....				ProMutual Group, Inc.....	MA.....	NIA.....	Medical Professional Mutual Insurance Company.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	.....0
01154.....	Coverys.....	10638.....	04-1012400.....				ProSelect Insurance Company.....	MA.....	IA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	.....0
01154.....	Coverys.....	20400.....	48-0516614.....				ProSelect National Insurance Company, Inc.....	AZ.....	IA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	.....0
01154.....	Coverys.....	15686.....	47-2600307.....				Coverys Specialty Insurance Company.....	NJ.....	IA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	.....0
01154.....	Coverys.....	36234.....	47-0580977.....				Preferred Professional Insurance Company.....	NE.....	IA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	.....0
	Coverys.....		47-0756412.....				Physicians Consultants, Inc.....	NE.....	NIA.....	Preferred Professional Insurance Company.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	.....0
	Coverys.....		04-3311841.....				ProMutual Insurance Agency, Inc.....	MA.....	NIA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	.....0
01154.....	Coverys.....	33111.....	38-2107424.....				MHA Insurance Company.....	MI.....	IA.....	FinCor Holdings, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	.....0

## 97.1

## 97.1

## 97.1

97.1

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

Asterisk	Explanation
0000001	Non-Us/Non-Insurance Affiliate.....

## 68

## 68

## 68

68

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING		RESPONSES
1.	Will an actuarial opinion be filed by March 1?	.....YES.....
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	.....YES.....
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	.....YES.....
6.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
MAY FILING		
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	.....YES.....
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	.....YES.....
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	.....NO.....
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	.....YES.....
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	.....NO.....
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	.....NO.....
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	.....YES.....
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	.....YES.....
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	.....NO.....
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....NO.....
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....NO.....
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....NO.....



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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

APRIL FILING

28.

Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?

.....NO.....
29.

Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
30.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....NO.....
31.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....NO.....
32.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....NO.....
33.

Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?

.....NO.....

AUGUST FILING

34.

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

.....YES.....

Explanation:

12.
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18.
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31.
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Bar Code:

















12.

  
1 1 8 4 1 2 0 1 5 4 2 0 0 0 0 0 0
13.

  
1 1 8 4 1 2 0 1 5 2 4 0 0 0 0 0 0
14.

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

16.	 1 1 8 4 1 2 0 1 5 4 9 0 0 0 0 0 0
17.	 1 1 8 4 1 2 0 1 5 3 8 5 0 0 0 0 0
18.	 1 1 8 4 1 2 0 1 5 4 0 1 0 0 0 0 0
19.	 1 1 8 4 1 2 0 1 5 3 6 5 0 0 0 0 0
22.	 1 1 8 4 1 2 0 1 5 4 0 0 0 0 0 0 0
23.	 1 1 8 4 1 2 0 1 5 5 0 0 0 0 0 0 0
24.	 1 1 8 4 1 2 0 1 5 5 0 5 0 0 0 0 0
25.	 1 1 8 4 1 2 0 1 5 2 2 4 0 0 0 0 0
26.	 1 1 8 4 1 2 0 1 5 2 2 5 0 0 0 0 0
27.	 1 1 8 4 1 2 0 1 5 2 2 6 0 0 0 0 0
28.	 1 1 8 4 1 2 0 1 5 2 3 0 5 9 0 0 0
29.	 1 1 8 4 1 2 0 1 5 3 0 6 0 0 0 0 0
30.	 1 1 8 4 1 2 0 1 5 2 1 0 0 0 0 0 0
31.	 1 1 8 4 1 2 0 1 5 2 1 6 5 9 0 0 0
32.	 1 1 8 4 1 2 0 1 5 2 1 7 0 0 0 0 0
33.	 1 1 8 4 1 2 0 1 5 5 5 0 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR DECEMBER 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

Designate the type of health care providers  
reported on this page.  
Physicians

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

States, Etc.		1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY								
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD								
22. Massachusetts	MA								
23. Michigan	MI								
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	MO								
27. Montana	MT								
28. Nebraska	NE								
29. Nevada	NV								
30. New Hampshire	NH								
31. New Jersey	NJ								
32. New Mexico	NM								
33. New York	NY								
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	OH	104,151	950,969	1,057,500	4	61,883	1,538,115	8	1,226,628
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA								
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX								
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA								
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI								
51. Wyoming	WY								
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other aliens	OT	0	0	0	0	0	0	0	0
59. Totals		104,151	950,969	1,057,500	4	61,883	1,538,115	8	1,226,628
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR DECEMBER 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

Designate the type of health care providers  
reported on this page.  
Hospitals

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

States, Etc.		1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY								
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD								
22. Massachusetts	MA								
23. Michigan	MI								
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	MO								
27. Montana	MT								
28. Nebraska	NE								
29. Nevada	NV								
30. New Hampshire	NH								
31. New Jersey	NJ								
32. New Mexico	NM								
33. New York	NY								
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	OH	627	242,930	3,115,000	16	2,559,856	9,968,895	25	(4,076,908)
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA								
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX								
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA								
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI								
51. Wyoming	WY								
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other aliens	OT	0	0	0	0	0	0	0	0
59. Totals		627	242,930	3,115,000	16	2,559,856	9,968,895	25	(4,076,908)
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0



SUPPLEMENT FOR DECEMBER 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

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

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

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



SUPPLEMENT FOR DECEMBER 31, 2015 OF THE OHA INSURANCE SOLUTIONS, INC

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

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

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

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