



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

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

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

OFFICERS

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

OTHER OFFICERS

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

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

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

Gregg Lee Hanson President, CEO & Chair	Richard Gordon Hayes Senior Vice President & Treasurer	Mary Lynn Ursul Executive Vice President & Secretary
Subscribed and sworn to before me this _____ day of _____,		a. Is this an original filing? <input checked="" type="checkbox"/> Yes [X] <input type="checkbox"/> No []
		b. If no: 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____



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

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	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees	
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													
17.2	Other Liability-Claims-Made	297,498												
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



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	01154	Line of Business	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2015						NAIC Company Code 11841		
			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	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			Unearned Premium Reserves							
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 \$ 0

(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 0

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 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
Authorized - Other U.S. Unaffiliated Insurers																			
42-0635534.....	15865.....	NCMIC INS CO.....	IA.....		.28											.342	.8		335
47-0698507.....	23680.....	ODYSSEY REINS CO.....	CT.....		.41											.1,173	.60		1,113
75-1444207.....	30058.....	SCOR REINS CO.....	NY.....		.80											.888	.64		824
13-5616275.....	19453.....	TRANSATLANTIC REINS CO.....	NY.....		.30											.719	.101		618
52-1952955.....	10357.....	RENAISSANCE REINS US INC.....	MD.....		.2											.854	0		854
0999998 - Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)						(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											1,032	.53		979
AA-1340125.....	00000.....	HANNOVER RUECK SE.....	DEU.....		.42											.328			328
AA-1126435.....	00000.....	LLOYD'S SYNDICATE NUMBER 435.....	GBR.....		.31											.826	.74		753
AA-1128003.....	00000.....	LLOYD'S SYNDICATE NUMBER 2003.....	GBR.....		.48											.942	.116		826
AA-1126006.....	00000.....	Lloyd's Syndicate Number 4472.....	GBR.....		.56											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											.275	.41		234
AA-1120075.....	00000.....	Lloyd's Syndicate Number 4020.....	GBR.....		.45											.726	.126		599
AA-1126566.....	00000.....	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999).....	GBR.....		.25											.509	.69		440
AA-1128001.....	00000.....	LLOYD'S SYNDICATE NUMBER 2001.....	GBR.....		.21											.249	.47		202
AA-1128987.....	00000.....	Lloyd's Syndicate Number 2987.....	GBR.....		.2											.135			135
13-3138390.....	42307.....	NAVIGATORS INS CO.....	NY.....		.20											.220	.16		204
AA-3194129.....	00000.....	Montpelier Reins Ltd.....	BMU.....		.1											.107			107
AA-1128000.....	00000.....	LLOYD'S SYNDICATE NUMBER 2000 (INCIDENTAL TO 2999).....	GBR.....		(1)											.141			141
1299998 - Total Authorized - Other Non-U.S. Insurers (Under \$100,000)						9										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											.863	.81		782
AA-3190795.....	00000.....	Catalina Safety Reins Ltd.....	BMU.....		.13											.200	.29		172
2599998 - Total Unauthorized - Other Non-U.S. Insurers (under \$100,000)						(4)										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 Name of Reinsurer	2 Commission Rate	3 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 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
------------------------	-------------------------	---------------------	-----------------

1. Lloyd's Syndicate # 4472 (LIB).....,1,234,714.....,56,203..... Yes [] No [X]
2. Aspen Insurance UK Ltd.....,1,032,313.....,10,396..... Yes [] No [X]
3. Odyssey American Reinsurance Corp.....,1,173,049.....,41,037..... Yes [] No [X]
4. SCOR REINS.....,888,477.....,80,025..... Yes [] No [X]
5. Lloyd's syndicate # 2003 (SJC).....,941,874.....,48,482..... Yes [] No [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)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Aging of Ceded Reinsurance as of December 31, Current Year (000 OMITTED)							12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11	
				5 Current	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses					11 Total Due Col. 5 + 10			
Overdue													
6 1 to 29 Days	7 30 - 90 Days	8 91 - 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9	11 Total Due Col. 5 + 10	12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11						
0	0	0	0	0	0	0	0						
9999999 Totals				0	0	0	0.0	0.0					

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)

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

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

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	XXX	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

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

**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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	1	0	12	0	0	0	13	XXX
2. 2006	615	161	.454	0	0	0	0	0	0	0	0	0	0
3. 2007	291	22	.269	0	0	0	0	0	0	0	0	0	0
4. 2008	240	19	.221	0	0	0	0	0	0	0	0	0	0
5. 2009	155	36	.120	0	0	3	0	0	0	0	0	.3	0
6. 2010	600	48	.552	1,725	500	227	132	32	0	0	1,352	0	0
7. 2011	316	25	.290	0	0	0	0	4	0	0	0	.4	0
8. 2012	352	28	.323	0	0	0	0	0	0	0	0	0	0
9. 2013	198	16	.182	0	0	52	0	17	0	0	0	.69	1
10. 2014	192	0	.192	0	0	0	0	0	0	0	0	0	0
11. 2015	0	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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	0	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	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
3.	.0	0	.0	.0	.0	.0	0	0	0	0	0
4.	.1	1	.0	.04	.52	.0	0	0	0	0	0
5.	.6	2	.4	.39	.56	.33	0	0	0	0	1
6.	2,523	1,663	.860	.4202	3,461.8	.1557	0	0	0	(642)	.150
7.	42	20	.22	.133	.792	.76	0	0	0	.11	.7
8.	.33	.13	.20	.94	.462	.62	0	0	0	.13	.7
9.	.650	.200	.450	.3280	1,261.4	.2468	0	0	0	.218	.163
10.	.106	0	.106	.552	.0	.552	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

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

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	
2. 2006	8,396	2,032	6,364	3,043	760	958	.49	621	0	0	3,813	0	
3. 2007	8,234	2,130	6,104	3,881	1,950	1,698	.362	566	0	0	3,833	1	
4. 2008	8,262	1,150	7,112	5,340	3,800	2,162	.262	539	0	0	3,979	2	
5. 2009	7,770	1,772	5,998	3,090	500	1,583	.55	669	0	0	4,787	0	
6. 2010	7,166	1,789	5,377	1,270	725	.907	.3	626	0	0	2,075	4	
7. 2011	5,984	1,546	4,438	2,378	458	.852	.80	532	0	0	3,224	.5	
8. 2012	5,266	1,500	3,765	2,542	1,538	.624	.24	448	0	0	2,052	10	
9. 2013	5,102	1,695	3,406	3,113	2,850	.720	0	311	0	0	1,294	19	
10. 2014	4,234	(177)	4,411	40	0	.365	0	171	0	0	576	16	
11. 2015	1,436	770	667	0	0	50	0	19	0	0	69	7	
12. Totals	XXX	XXX	XXX	24,697	12,582	9,919	835	4,502	0	0	25,701	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded				
1.	0	0	.47	.47	0	0	.3	.3	.3	0	0	.3	0	0
2.	0	0	114	114	0	0	.6	.6	.7	0	0	.8	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid	
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	.0	XXX	0	.3	
2.	4,750	.929	3,821	.56.6	45.7	.60.0	0	.0	.0	0	.7	
3.	8,043	3,816	4,228	.97.7	179.1	.69.3	0	.0	.0	.492	(.98)	
4.	8,750	4,385	4,366	.105.9	381.3	.61.4	0	.0	.0	.345	.42	
5.	5,872	1,055	4,817	.75.6	.59.5	.80.3	0	.0	.0	0	.30	
6.	4,046	.560	3,485	.56.5	.31.3	.64.8	0	.0	.0	.1,076	.335	
7.	5,063	1,195	3,868	.84.6	.77.3	.87.2	0	.0	.0	.393	.251	
8.	5,064	2,510	2,553	.96.2	.167.3	.67.8	0	.0	.0	.251	.250	
9.	10,360	.6,025	4,335	.203.1	.355.4	.127.3	0	.0	.0	.2,500	.540	
10.	7,425	3,400	4,025	.175.4	(1,920.9)	.91.3	0	.0	.0	.2,473	.976	
11.	1,295	320	975	.90.2	.41.6	.146.3	0	.0	.0	.355	.552	
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	7,885	2,888	

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

**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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2007	0	0	0	0	0	0	0	0	0	0	0	0	
4. 2008	0	0	0	0	0	0	0	0	0	0	0	0	
5. 2009	0	0	0	0	0	0	0	0	0	0	0	0	
6. 2010	0	0	0	0	0	0	0	0	0	0	0	0	
7. 2011	0	0	0	0	0	0	0	0	0	0	0	0	
8. 2012	0	0	0	0	0	0	0	0	0	0	0	0	
9. 2013	0	0	0	0	0	0	0	0	0	0	0	0	
10. 2014	0	0	0	0	0	0	0	0	0	0	0	0	
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	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	0	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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

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

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 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
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	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	0	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	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	.97	-.97	0.0	5,370.0	-(54.8)	0	0	0.0	0	(97)
7.	0	.1	-(1)	0.0	93.9	-(0.9)	0	0	0.0	0	(1)
8.	0	0	0.6	0.6	1.4	0.6	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)

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

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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2006	3,796	3,526	.270	4	0	14	0	11	0	0	.29	0	
3. 2007	4,447	4,165	.282	0	0	0	0	.3	0	0	.3	0	
4. 2008	4,574	4,279	.295	.34	0	29	0	134	0	0	.197	0	
5. 2009	4,489	4,059	.430	.8	0	.5	0	.55	0	0	.68	0	
6. 2010	4,761	4,601	.160	.5	0	11	0	.25	0	0	.41	0	
7. 2011	4,533	4,337	.196	.2	0	0	0	.35	0	0	.37	0	
8. 2012	3,481	3,212	.269	.4	0	11	0	.43	0	0	.58	1	
9. 2013	2,817	2,626	.191	0	0	61	0	.45	0	0	.105	1	
10. 2014	2,056	(1,404)	3,460	2	0	0	0	.9	0	0	.11	0	
11. 2015	55	0	55	0	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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	0	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Direct and Assumed	Ceded	
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	.29	0	.29	.08	.00	.108	0	0	0	0	0
3.	.3	0	.3	.01	.00	.12	0	0	0	0	0
4.	.197	0	.197	.43	.00	.667	0	0	0	0	0
5.	.68	0	.68	.15	.00	.159	0	0	0	0	0
6.	.41	0	.41	.09	.00	.259	0	0	0	0	0
7.	.37	0	.37	.08	.00	.188	0	0	0	0	0
8.	.64	4	.60	.18	.01	.223	0	0	0	0	.2
9.	.131	5	.126	.47	.02	.660	0	0	0	0	.15
10.	.36	5	.31	.17	(.04)	.09	0	0	0	0	.14
11.	127	30	97	231.4	0.0	176.8	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 Two Year
1. Prior	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	6	5	3	0	0	(1)	(1)	(4)
8. 2012	XXX	XXX	XXX	XXX	XXX	14	.9	1	0	(1)	(1)	(9)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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	.182	.40	.40	.40	(102)	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.29	.20	.20	(9)	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.90	XXX	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

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

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 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
1. Prior	000	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	0	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	52	.702	.945	1,604	0	.0	.14
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	35	.71	.983	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	.405	0	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	50	0	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	0	0	0	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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

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

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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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

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

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

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

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

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

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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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

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

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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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

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

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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	0	0	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	179	0
7. 2011	XXX	XXX	XXX	XXX	XXX	66	66	66	66	66	(66)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	17	17	17	17	(17)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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

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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	179	179	179	179	179	179	179	(179)
7. 2011	XXX	XXX	XXX	XXX	66	66	66	66	66	66	(66)
8. 2012	XXX	XXX	XXX	XXX	XXX	17	17	17	17	17	(17)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	2	2	2	2	2	2	2	(2)
7. 2011	XXX	XXX	XXX	XXX	1	1	1	1	1	1	66
8. 2012	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	17
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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

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

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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	3,796	(3,796)
3. 2007	XXX	4,447	4,447	4,447	4,447	4,447	4,447	4,447	4,447	4,447	(4,447)
4. 2008	XXX	XXX	4,574	4,574	4,574	4,574	4,574	4,574	4,574	4,574	(4,574)
5. 2009	XXX	XXX	XXX	4,489	4,489	4,489	4,489	4,489	4,489	4,489	(4,489)
6. 2010	XXX	XXX	XXX	XXX	4,761	4,761	4,761	4,761	4,761	4,761	(4,761)
7. 2011	XXX	XXX	XXX	XXX	XXX	4,533	4,533	4,533	4,533	4,533	(4,533)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	3,481	3,481	3,481	3,481	(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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	0	0	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	0	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

NONE

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

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

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

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....	.0		.0	.0		.0
2. Private Passenger Auto Liability/Medical .....	.0		.0	.0		.0
3. Commercial Auto/Truck Liability/Medical .....	.0		.0	.0		.0
4. Workers' Compensation .....	.0		.0	.0		.0
5. Commercial Multiple Peril .....	.0		.0	.0		.0
6. Medical Professional Liability-Occurrence .....	.507		.0	.0		.0
7. Medical Professional Liability -Claims-Made	6,870		.0	(422)		.0
8. Special Liability .....	.0		.0	.0		.0
9. Other Liability-Occurrence	24		.0	.0		.0
10. Other Liability-Claims-Made	3,448		.0	.0		.0
11. Special Property .....	.0		.0	.0		.0
12. Auto Physical Damage .....	.0		.0	.0		.0
13. Fidelity/Surety .....	.0		.0	.0		.0
14. Other .....	.0		.0	.0		.0
15. International .....	.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
20. Products Liability-Claims-Made	0		.0	.0		.0
21. Financial Guaranty/Mortgage Guaranty	0		.0	0		.0
22. Warranty	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 2006	2	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	

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 2006	2	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	

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

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS

(continued)

SECTION 4

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

SECTION 5

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

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

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

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
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 2006	2	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	

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 2006	2	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	

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

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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	XXX

SECTION 5

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

SECTION 6

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

SECTION 7

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

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

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?

Yes No

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:

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 No

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes No

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 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 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 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

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 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.....

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

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

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
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	JN					0
16. Iowa	JA					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

NONE

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

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

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

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

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

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

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

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

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

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

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:

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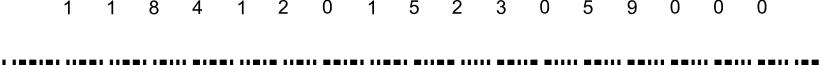
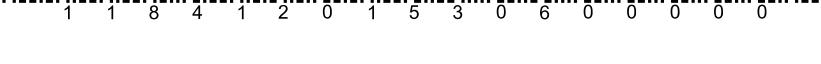
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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHA INSURANCE SOLUTIONS, INC
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

16.		1 1 8 4 1 2 0 1 5 4 9 0 0 0 0 0 0 0 0 0
17.		1 1 8 4 1 2 0 1 5 3 8 5 0 0 0 0 0 0 0 0
18.		1 1 8 4 1 2 0 1 5 4 0 1 0 0 0 0 0 0 0 0
19.		1 1 8 4 1 2 0 1 5 3 6 5 0 0 0 0 0 0 0 0
22.		1 1 8 4 1 2 0 1 5 4 0 0 0 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 0 0 0
24.		1 1 8 4 1 2 0 1 5 5 0 5 0 0 0 0 0 0 0 0
25.		1 1 8 4 1 2 0 1 5 2 2 4 0 0 0 0 0 0 0 0
26.		1 1 8 4 1 2 0 1 5 2 2 5 0 0 0 0 0 0 0 0
27.		1 1 8 4 1 2 0 1 5 2 2 6 0 0 0 0 0 0 0 0
28.		1 1 8 4 1 2 0 1 5 2 3 0 5 9 0 0 0 0 0 0
29.		1 1 8 4 1 2 0 1 5 3 0 6 0 0 0 0 0 0 0 0
30.		1 1 8 4 1 2 0 1 5 2 1 0 0 0 0 0 0 0 0 0
31.		1 1 8 4 1 2 0 1 5 2 1 6 5 9 0 0 0 0 0 0
32.		1 1 8 4 1 2 0 1 5 2 1 7 0 0 0 0 0 0 0 0
33.		1 1 8 4 1 2 0 1 5 5 0 0 0 0 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
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
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		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
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
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		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
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
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Assets	2
Cash Flow	5
Exhibit of Capital Gains (Losses)	12
Exhibit of Net Investment Income	12
Exhibit of Nonadmitted Assets	13
Exhibit of Premiums and Losses (State Page)	19
Five-Year Historical Data	17
General Interrogatories	15
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Notes To Financial Statements	14
Overflow Page For Write-Ins	100
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Verification Between Years	SI15
Schedule F – Part 1	20
Schedule F – Part 2	21
Schedule F – Part 3	22
Schedule F – Part 4	23
Schedule F – Part 5	24
Schedule F – Part 6 – Section 1	25
Schedule F – Part 6 – Section 2	26
Schedule F – Part 7	27
Schedule F – Part 8	28
Schedule F – Part 9	29
Schedule H – Accident and Health Exhibit – Part 1	30
Schedule H – Part 2, Part 3, and Part 4	31
Schedule H – Part 5 – Health Claims	32
Schedule P – Part 1 – Summary	33
Schedule P – Part 1A – Homeowners/Farmowners	35
Schedule P – Part 1B – Private Passenger Auto Liability/Medical	36
Schedule P – Part 1C – Commercial Auto/Truck Liability/Medical	37
Schedule P – Part 1D – Workers' Compensation (Excluding Excess Workers' Compensation)	38

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule P – Part 1E – Commercial Multiple Peril	39
Schedule P – Part 1F – Section 1 – Medical Professional Liability – Occurrence	40
Schedule P – Part 1F – Section 2 – Medical Professional Liability – Claims-Made	41
Schedule P – Part 1G – Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery)	42
Schedule P – Part 1H – Section 1 – Other Liability–Occurrence	43
Schedule P – Part 1H – Section 2 – Other Liability – Claims-Made	44
Schedule P – Part 1I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45
Schedule P – Part 1J – Auto Physical Damage	46
Schedule P – Part 1K – Fidelity/Surety	47
Schedule P – Part 1L – Other (Including Credit, Accident and Health)	48
Schedule P – Part 1M – International	49
Schedule P – Part 1N – Reinsurance – Nonproportional Assumed Property	50
Schedule P – Part 1O – Reinsurance – Nonproportional Assumed Liability	51
Schedule P – Part 1P – Reinsurance – Nonproportional Assumed Financial Lines	52
Schedule P – Part 1R – Section 1 – Products Liability – Occurrence	53
Schedule P – Part 1R – Section 2 – Products Liability – Claims – Made	54
Schedule P – Part 1S – Financial Guaranty/Mortgage Guaranty	55
Schedule P – Part 1T – Warranty	56
Schedule P – Part 2, Part 3 and Part 4 – Summary	34
Schedule P – Part 2A – Homeowners/Farmowners	57
Schedule P – Part 2B – Private Passenger Auto Liability/Medical	57
Schedule P – Part 2C – Commercial Auto/Truck Liability/Medical	57
Schedule P – Part 2D – Workers' Compensation (Excluding Excess Workers' Compensation)	57
Schedule P – Part 2E – Commercial Multiple Peril	57
Schedule P – Part 2F – Section 1 – Medical Professional Liability – Occurrence	58
Schedule P – Part 2F – Section 2 – Medical Professional Liability – Claims – Made	58
Schedule P – Part 2G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	58
Schedule P – Part 2H – Section 1 – Other Liability – Occurrence	58
Schedule P – Part 2H – Section 2 – Other Liability – Claims – Made	58
Schedule P – Part 2I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	59
Schedule P – Part 2J – Auto Physical Damage	59
Schedule P – Part 2K – Fidelity, Surety	59
Schedule P – Part 2L – Other (Including Credit, Accident and Health)	59
Schedule P – Part 2M – International	59
Schedule P – Part 2N – Reinsurance – Nonproportional Assumed Property	60
Schedule P – Part 2O – Reinsurance – Nonproportional Assumed Liability	60
Schedule P – Part 2P – Reinsurance – Nonproportional Assumed Financial Lines	60
Schedule P – Part 2R – Section 1 – Products Liability – Occurrence	61
Schedule P – Part 2R – Section 2 – Products Liability – Claims-Made	61
Schedule P – Part 2S – Financial Guaranty/Mortgage Guaranty	61
Schedule P – Part 2T – Warranty	61
Schedule P – Part 3A – Homeowners/Farmowners	62

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule P – Part 3B – Private Passenger Auto Liability/Medical	62
Schedule P – Part 3C – Commercial Auto/Truck Liability/Medical	62
Schedule P – Part 3D – Workers’ Compensation (Excluding Excess Workers’ Compensation)	62
Schedule P – Part 3E – Commercial Multiple Peril	62
Schedule P – Part 3F – Section 1 – Medical Professional Liability – Occurrence	63
Schedule P – Part 3F – Section 2 – Medical Professional Liability – Claims-Made	63
Schedule P – Part 3G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	63
Schedule P – Part 3H – Section 1 – Other Liability – Occurrence	63
Schedule P – Part 3H – Section 2 – Other Liability – Claims-Made	63
Schedule P – Part 3I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	64
Schedule P – Part 3J – Auto Physical Damage	64
Schedule P – Part 3K – Fidelity/Surety	64
Schedule P – Part 3L – Other (Including Credit, Accident and Health)	64
Schedule P – Part 3M – International	64
Schedule P – Part 3N – Reinsurance – Nonproportional Assumed Property	65
Schedule P – Part 3O – Reinsurance – Nonproportional Assumed Liability	65
Schedule P – Part 3P – Reinsurance – Nonproportional Assumed Financial Lines	65
Schedule P – Part 3R – Section 1 – Products Liability – Occurrence	66
Schedule P – Part 3R – Section 2 – Products Liability – Claims-Made	66
Schedule P – Part 3S – Financial Guaranty/Mortgage Guaranty	66
Schedule P – Part 3T – Warranty	66
Schedule P – Part 4A – Homeowners/Farmowners	67
Schedule P – Part 4B – Private Passenger Auto Liability/Medical	67
Schedule P – Part 4C – Commercial Auto/Truck Liability/Medical	67
Schedule P – Part 4D – Workers’ Compensation (Excluding Excess Workers’ Compensation)	67
Schedule P – Part 4E – Commercial Multiple Peril	67
Schedule P – Part 4F – Section 1 – Medical Professional Liability – Occurrence	68
Schedule P – Part 4F – Section 2 – Medical Professional Liability – Claims-Made	68
Schedule P – Part 4G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	68
Schedule P – Part 4H – Section 1 – Other Liability – Occurrence	68
Schedule P – Part 4H – Section 2 – Other Liability – Claims-Made	68
Schedule P – Part 4I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)	69
Schedule P – Part 4J – Auto Physical Damage	69
Schedule P – Part 4K – Fidelity/Surety	69
Schedule P – Part 4L – Other (Including Credit, Accident and Health)	69
Schedule P – Part 4M – International	69
Schedule P – Part 4N – Reinsurance – Nonproportional Assumed Property	70
Schedule P – Part 4O – Reinsurance – Nonproportional Assumed Liability	70
Schedule P – Part 4P – Reinsurance – Nonproportional Assumed Financial Lines	70
Schedule P – Part 4R – Section 1 – Products Liability – Occurrence	71
Schedule P – Part 4R – Section 2 – Products Liability – Claims-Made	71

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule P – Part 4S – Financial Guaranty/Mortgage Guaranty	71
Schedule P – Part 4T – Warranty	71
Schedule P – Part 5A – Homeowners/Farmowners	72
Schedule P – Part 5B – Private Passenger Auto Liability/Medical	73
Schedule P – Part 5C – Commercial Auto/Truck Liability/Medical	74
Schedule P – Part 5D – Workers' Compensation (Excluding Excess Workers' Compensation)	75
Schedule P – Part 5E – Commercial Multiple Peril	76
Schedule P – Part 5F – Medical Professional Liability – Claims-Made	78
Schedule P – Part 5F – Medical Professional Liability – Occurrence	77
Schedule P – Part 5H – Other Liability – Claims-Made	80
Schedule P – Part 5H – Other Liability – Occurrence	79
Schedule P – Part 5R – Products Liability – Claims-Made	82
Schedule P – Part 5R – Products Liability – Occurrence	81
Schedule P – Part 5T – Warranty	83
Schedule P – Part 6C – Commercial Auto/Truck Liability/Medical	84
Schedule P – Part 6D – Workers' Compensation (Excluding Excess Workers' Compensation)	84
Schedule P – Part 6E – Commercial Multiple Peril	85
Schedule P – Part 6H – Other Liability – Claims-Made	86
Schedule P – Part 6H – Other Liability – Occurrence	85
Schedule P – Part 6M – International	86
Schedule P – Part 6N – Reinsurance – Nonproportional Assumed Property	87
Schedule P – Part 6O – Reinsurance – Nonproportional Assumed Liability	87
Schedule P – Part 6R – Products Liability – Claims-Made	88
Schedule P – Part 6R – Products Liability – Occurrence	88
Schedule P – Part 7A – Primary Loss Sensitive Contracts	89
Schedule P – Part 7B – Reinsurance Loss Sensitive Contracts	91
Schedule P Interrogatories	93
Schedule T – Exhibit of Premiums Written	94
Schedule T – Part 2 – Interstate Compact	95
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule Y – Part 1A – Detail of Insurance Holding Company System	97
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	98
Statement of Income	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	99
Underwriting and Investment Exhibit Part 1	6
Underwriting and Investment Exhibit Part 1A	7
Underwriting and Investment Exhibit Part 1B	8
Underwriting and Investment Exhibit Part 2	9
Underwriting and Investment Exhibit Part 2A	10
Underwriting and Investment Exhibit Part 3	11

