



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 2016
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)			
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 (Area Code) (Telephone Number)	
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)		614-255-4840 (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 (Area Code) (Telephone Number)	
Internet Web Site Address	www.coverys.com					
Statutory Statement Contact	Michael Richard Gabree (Name)		617-428-9888 (Area Code) (Telephone Number) (Extension)		617-526-0384 (Fax Number)	
	mgabree@coverys.com (E-Mail Address)					

OFFICERS

Name	Title	Name	Title
Gregg Lee Hanson	President, CEO & Chair	Joseph Gerard Murphy	Chief Operating Officer & Treasurer
Mary Lynn Ursul	Executive Vice President & Secretary	Donna Miele-Cesario #	Chief Information Officer

OTHER OFFICERS

Wayne Thomas Zack	Senior Vice President
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DIRECTORS OR TRUSTEES

Gregg Lee Hanson	Joseph Gerard Murphy	Mary Lynn Ursul	Donna Miele-Cesario #
Wayne Thomas Zack			

State ofMassachusetts.....

County ofSuffolk.....ss

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

Gregg Lee Hanson
President, CEO & ChairJoseph Gerard Murphy
Chief Operating Officer & TreasurerMary Lynn Ursul
Executive Vice President & Secretary

a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number
2. Date filed
3. Number of pages attached

Subscribed and sworn to before me this
day of ,

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	35,812,317		35,812,317	34,933,804
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	1,358,380		1,358,380	1,322,046
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 1,706,741), cash equivalents (\$ 0) and short-term investments (\$ 841,113)	2,547,854		2,547,854	3,276,968
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	39,718,551	0	39,718,551	39,532,818
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	307,463		307,463	313,478
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	(136)		(136)	(66,636)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	200,717	64,344	136,373	153,328
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	21,926	21,926	0	0
21. Furniture and equipment, including health care delivery assets (\$)	122,352	122,352	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	415,847		415,847	883,705
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	18,950	0	18,950	45,368
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	40,805,670	208,622	40,597,048	40,862,062
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	40,805,670	208,622	40,597,048	40,862,062
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Miscellaneous Receivable	18,950		18,950	45,368
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	18,950	0	18,950	45,368

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ 8,933)	7,569,677	7,585,742
2. Reinsurance payable on paid losses and loss adjustment expenses	0	0
3. Loss adjustment expenses	2,518,115	3,263,417
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	7,022	101,612
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	0
7.1 Current federal and foreign income taxes (including \$ 13,719 on realized capital gains (losses))	408,437	302,731
7.2 Net deferred tax liability	0	0
8. Borrowed money \$ and interest thereon \$	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)	189,152	189,152
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	509,903	1,007,445
13. Funds held by company under reinsurance treaties	0	0
14. Amounts withheld or retained by company for account of others	0	0
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$ certified)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	57,868	147,556
20. Derivatives	0	0
21. Payable for securities	547,055	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$ and interest thereon \$	0	0
25. Aggregate write-ins for liabilities	59,683	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	11,866,912	12,597,655
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	11,866,912	12,597,655
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	1,000,000	1,000,000
31. Preferred capital stock	0	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	20,223,895	20,223,895
35. Unassigned funds (surplus)	7,506,241	7,040,513
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)	0	0
36.2 shares preferred (value included in Line 31 \$)	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	28,730,136	28,264,408
38. Totals (Page 2, Line 28, Col. 3)	40,597,048	40,862,063
DETAILS OF WRITE-INS		
2501. Miscellaneous Liability	59,683	0
2502.	0	0
2503.	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	59,683	0
2901.	0	0
2902.	0	0
2903.	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.	0	0
3202.	0	0
3203.	0	0
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 12,582)	12,582	1,007,638	1,491,397
1.2 Assumed (written \$)	0	0	0
1.3 Ceded (written \$)	186,831	769,605	721,792
1.4 Net (written \$ 12,582)	12,582	820,807	721,792
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 8,933):	8,933	715,432	2,109,225
2.1 Direct	0	0	0
2.2 Assumed	241,094	1,678,865	430,360
2.3 Ceded	474,338	0	0
2.4 Net	8,933	(22,326)	(188,435)
3. Loss adjustment expenses incurred	(813)	573,860	81,086
4. Other underwriting expenses incurred	25,107	0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	33,227	1,025,872	323,011
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(20,645)	(205,065)	398,781
INVESTMENT INCOME			
9. Net investment income earned	515,875	421,270	936,987
10. Net realized capital gains (losses) less capital gains tax of \$ 13,719	22,022	24,609	24,827
11. Net investment gain (loss) (Lines 9 + 10)	537,897	445,879	961,814
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)	0	0	0
13. Finance and service charges not included in premiums	0	0	0
14. Aggregate write-ins for miscellaneous income	20,915	(6,325)	(8,785)
15. Total other income (Lines 12 through 14)	20,915	(6,325)	(8,785)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	538,167	234,489	1,351,810
17. Dividends to policyholders	0	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	538,167	234,489	1,351,810
19. Federal and foreign income taxes incurred	91,987	(58,610)	53,874
20. Net income (Line 18 minus Line 19)(to Line 22)	446,180	293,099	1,297,936
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	28,264,408	27,109,089	27,109,089
22. Net income (from Line 20)	446,180	293,099	1,297,936
23. Net transfers (to) from Protected Cell accounts	0	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$	36,334	3,297	(9,890)
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	(16,956)	(85,105)	(143,068)
27. Change in nonadmitted assets	170	30,104	10,342
28. Change in provision for reinsurance	0	0	0
29. Change in surplus notes	0	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0	0
31. Cumulative effect of changes in accounting principles	0	0	0
32. Capital changes:			
32.1 Paid in	0	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0	0
32.3 Transferred to surplus	0	0	0
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)	0	0	0
33.3 Transferred from capital	0	0	0
34. Net remittances from or (to) Home Office	0	0	0
35. Dividends to stockholders	0	0	0
36. Change in treasury stock	0	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	465,728	241,395	1,155,319
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	28,730,136	27,350,484	28,264,408
DETAILS OF WRITE-INS			
0501.	0	0	0
0502.	0	0	0
0503.	0	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401. Miscellaneous Income	20,915	0	0
1402. Miscellaneous Expense	0	(6,325)	(8,785)
1403.	0	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	20,915	(6,325)	(8,785)
3701.	0	0	0
3702.	0	0	0
3703.	0	0	0
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	(551,460)	865,367	994,418
2. Net investment income.....	622,941	592,807	1,187,832
3. Miscellaneous income.....	20,915	(6,325)	(8,785)
4. Total (Lines 1 to 3).....	92,396	1,451,849	2,173,465
5. Benefit and loss related payments.....	25,000	4,232,500	877,500
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	864,284	1,262,137	1,470,306
8. Dividends paid to policyholders.....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....		1,415,131	1,140,808
10. Total (Lines 5 through 9).....	889,284	6,909,768	3,488,614
11. Net cash from operations (Line 4 minus Line 10).....	(796,888)	(5,457,919)	(1,315,149)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	6,595,735	6,756,773	9,564,984
12.2 Stocks.....	0	0	0
12.3 Mortgage loans.....	0	0	0
12.4 Real estate.....	0	0	0
12.5 Other invested assets.....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0	0
12.7 Miscellaneous proceeds.....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	6,595,735	6,756,773	9,564,984
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	7,558,407	4,268,441	7,550,558
13.2 Stocks.....	0	0	0
13.3 Mortgage loans.....	0	0	0
13.4 Real estate.....	0	0	0
13.5 Other invested assets.....	0	0	0
13.6 Miscellaneous applications.....	(547,055)	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	7,011,352	4,268,441	7,550,558
14. Net increase (or decrease) in contract loans and premium notes.....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(415,617)	2,488,332	2,014,427
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		0	0
16.5 Dividends to stockholders.....	0	0	0
16.6 Other cash provided (applied).....	483,391	537,925	(1,039,627)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	483,391	537,925	(1,039,627)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(729,114)	(2,431,662)	(340,350)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	3,276,968	3,617,317	3,617,317
19.2 End of period (Line 18 plus Line 19.1).....	2,547,854	1,185,655	3,276,968

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of OHA Insurance Solutions, Inc. are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) *The Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio.

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

	State of Domicile	<u>2016</u>	<u>2015</u>
<u>NET INCOME</u>			
(1) Ohio state basis (Page 4, Line 20, Columns 1 & 3)	OH	\$ 446,180	\$ 1,297,939
(2) State Prescribed Practices that increase/(decrease) NAIC	OH	-	-
(3) State Permitted Practices that increase/(decrease) NAIC	OH	-	-
(4) NAIC SAP		<u>\$ 446,180</u>	<u>\$ 1,297,939</u>
<u>SURPLUS</u>			
(5) Ohio state basis (Page 3, Line 37, Columns 1 & 2)	OH	\$ 28,730,136	\$ 28,264,408
(6) State Prescribed Practices that increase/(decrease) NAIC	OH	-	-
(7) State Permitted Practices that increase/(decrease) NAIC	OH	-	-
(8) NAIC SAP		<u>\$ 28,730,136</u>	<u>\$ 28,264,408</u>

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

No significant change

C. Accounting Policy

Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair market value. The retrospective adjustment method is used to value all securities.

D. Going Concern

Not applicable

2. Accounting Changes and Correction of Errors

No significant change

3. Business Combinations and Goodwill

No significant change

4. Discontinued Operations

Not applicable

5. Investments

A. Mortgage Loans

Not applicable

B. Troubled Debt Restructuring for Creditors

Not applicable

C. Reverse Mortgages

Not applicable

NOTES TO FINANCIAL STATEMENTS

D. Loan-Backed and Structured Securities

- (1) Fair values have been determined in accordance with SSAP No 27. Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from the external portfolio manager or internal estimates.
- (2) No other-than-temporary-impairment was recognized during the year.
- (3) There were no loan-backed securities impaired during the year.
- (4) All loan-backed and structured securities in unrealized loss positions as of June 30, 2016, stratified based on length of time continuously in these unrealized loss positions, are as follows:

a. The aggregate amount of unrealized losses:

1. Less than 12 months	\$ 32
2. 12 months or longer	<u>\$ 28,672</u>

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

1. Less than 12 months	\$ 27,985
2. 12 months or longer	<u>\$ 1,407,228</u>

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

E. Repurchase Agreements and/or Securities Lending Transactions

Not applicable

F. Writedowns for Impairments of Real Estate, Real Estate Sales, Retail Land Sales Operations and Real Estate with Participating Mortgage Loan Features

Not applicable

G. Low Income Housing Tax Credits

Not applicable

H. Restricted Assets

Not applicable

I. Working Capital Finance Investments

Not applicable

J. Offsetting and Netting of Assets and Liabilities

Not applicable

K. Structured Notes

Not applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

7. Investment Income

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

8. Derivative Instruments

Not applicable

9. Income Taxes

No significant change

NOTES TO FINANCIAL STATEMENTS

10. Information Concerning Parent, Subsidiaries and Affiliates

No significant change

11. Debt

Not applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No significant change

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

No significant change

14. Liabilities, Contingencies and Assessments

No significant change

15. Leases

No significant change

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

Not applicable

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

Not applicable

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

Not applicable

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

No significant change

20. Fair Value Measurements

A. Inputs Used for Assets and Liabilities Measured at Fair Value

(1) Fair Value Measurements by Levels 1, 2 and 3

The Company has categorized its assets and liabilities that are measured at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows:

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

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

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

Description for each class of asset or liability	Level 1	Level 2	Level 3	Total
Common stock				
Industrial and misc	\$ 1,358,380	\$ -	\$ -	\$ 1,358,380
Total common stocks	\$ 1,358,380	\$ -	\$ -	\$ 1,358,380
Total assets at fair value	\$ 1,358,380	\$ -	\$ -	\$ 1,358,380

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

NOTES TO FINANCIAL STATEMENTS

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

- (3) The Company recognizes transfers between fair value levels at the end of the reporting period.
- (4) The Company had no asset or liability fair value measurements in Levels 2 or 3 during June 30, 2016 and December 31, 2015.
- (5) The Company has no derivative assets or liabilities
- B. Disclosure of fair value information disclosed under SSAP No. 100 combined with fair value information disclosed under other accounting pronouncements is not required.
- C. Aggregate fair value by type of financial instrument

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	37,432,233	35,812,317	-	37,432,233	-	-
Common Stocks	1,358,380	1,358,380	1,358,380	-	-	-
Short Term	841,113	841,113	841,113	-	-	-

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

21. Other Items

No significant change

22. Event Subsequent

Not applicable

23. Reinsurance

No significant change

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable

25. Change in Incurred Losses and Loss Adjustment Expenses

Any increases or decreases in incurred losses and loss adjustment expenses are generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. Intercompany Pooling Agreements

Not applicable

27. Structured Settlements

Not significant change

28. Health Care Receivables

Not applicable

29. Participating Policies

Not applicable

30. Premium Deficiency Reserves

No significant change

31. High Deductibles

Not applicable

NOTES TO FINANCIAL STATEMENTS

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

Not applicable

33. Asbestos/Environmental Reserves

Not applicable

34. Subscriber Savings Accounts

Not applicable

35. Multiple Peril Crop Insurance

Not applicable

36. Financial Guaranty Insurance

Not applicable

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

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

2.2 If yes, date of change:

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

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

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

.....

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

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []

If yes, attach an explanation.

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

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

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

6.4 By what department or departments?

Ohio Department of Insurance.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] NA []

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

7.2 If yes, give full information:

.....

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

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

.....

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

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

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

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC**GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

.....

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

FINANCIAL

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

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

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

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

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

13. Amount of real estate and mortgages held in short-term investments: \$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
 16.3 Total payable for securities lending reported on the liability page \$.....

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

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

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

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

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

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

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

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

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

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

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

18.2 If no, list exceptions:

.....

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]
3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

5. Operating Percentages:

5.1 A&H loss percent..... %
5.2 A&H cost containment percent .. %
5.3 A&H expense percent excluding cost containment expenses..... %

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

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

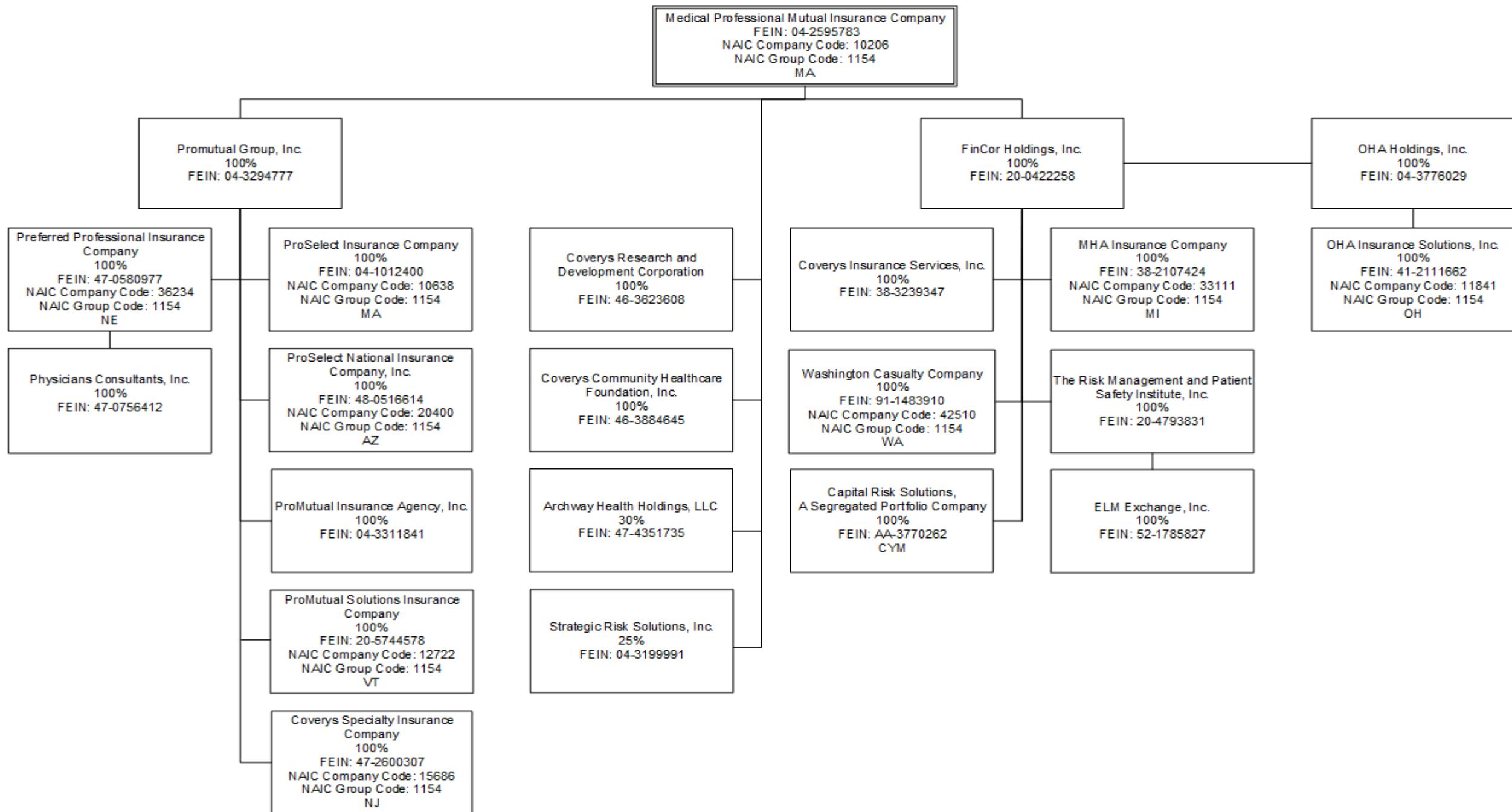
States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL.	N	0	0	0	0	0
2. Alaska	AK.	N	0	0	0	0	0
3. Arizona	AZ.	N	0	0	0	0	0
4. Arkansas	AR.	N	0	0	0	0	0
5. California	CA.	N	0	0	0	0	0
6. Colorado	CO.	N	0	0	0	0	0
7. Connecticut	CT.	N	0	0	0	0	0
8. Delaware	DE.	N	0	0	0	0	0
9. Dist. Columbia	DC.	N	0	0	0	0	0
10. Florida	FL.	N	0	0	0	0	0
11. Georgia	GA.	N	0	0	0	0	0
12. Hawaii	HI.	N	0	0	0	0	0
13. Idaho	ID.	N	0	0	0	0	0
14. Illinois	IL.	N	0	0	0	0	0
15. Indiana	IN.	N	0	0	0	0	0
16. Iowa	IA.	N	0	0	0	0	0
17. Kansas	KS.	N	0	0	0	0	0
18. Kentucky	KY.	N	0	0	0	0	0
19. Louisiana	LA.	N	0	0	0	0	0
20. Maine	ME.	N	0	0	0	0	0
21. Maryland	MD.	N	0	0	0	0	0
22. Massachusetts	MA.	N	0	0	0	0	0
23. Michigan	MI.	N	0	0	0	0	0
24. Minnesota	MN.	N	0	0	0	0	0
25. Mississippi	MS.	N	0	0	0	0	0
26. Missouri	MO.	N	0	0	0	0	0
27. Montana	MT.	N	0	0	0	0	0
28. Nebraska	NE.	N	0	0	0	0	0
29. Nevada	NV.	N	0	0	0	0	0
30. New Hampshire	NH.	N	0	0	0	0	0
31. New Jersey	NJ.	N	0	0	0	0	0
32. New Mexico	NM.	N	0	0	0	0	0
33. New York	NY.	N	0	0	0	0	0
34. No. Carolina	NC.	N	0	0	0	0	0
35. No. Dakota	ND.	N	0	0	0	0	0
36. Ohio	OH.	L	12,582	49,731	25,000	4,232,500	18,880,409
							17,442,683
37. Oklahoma	OK.	N	0	0	0	0	0
38. Oregon	OR.	N	0	0	0	0	0
39. Pennsylvania	PA.	N	0	0	0	0	0
40. Rhode Island	RI.	N	0	0	0	0	0
41. So. Carolina	SC.	N	0	0	0	0	0
42. So. Dakota	SD.	N	0	0	0	0	0
43. Tennessee	TN.	N	0	0	0	0	0
44. Texas	TX.	N	0	0	0	0	0
45. Utah	UT.	N	0	0	0	0	0
46. Vermont	VT.	N	0	0	0	0	0
47. Virginia	VA.	N	0	0	0	0	0
48. Washington	WA.	N	0	0	0	0	0
49. West Virginia	WV.	N	0	0	0	0	0
50. Wisconsin	WI.	N	0	0	0	0	0
51. Wyoming	WY.	N	0	0	0	0	0
52. American Samoa	AS.	N	0	0	0	0	0
53. Guam	GU.	N	0	0	0	0	0
54. Puerto Rico	PR.	N	0	0	0	0	0
55. U.S. Virgin Islands	VI.	N	0	0	0	0	0
56. Northern Mariana Islands	MP.	N	0	0	0	0	0
57. Canada	CAN.	N	0	0	0	0	0
58. Aggregate Other Alien	OT.	XXX	0	0	0	0	0
59. Totals	(a)	1	12,582	49,731	25,000	4,232,500	18,880,409
							17,442,683
DETAILS OF WRITE-INS							
58001.		XXX					
58002.		XXX					
58003.		XXX					
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0

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

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

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

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



STATEMENT AS OF JUNE 30, 2016 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 Name 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

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

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

12.

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

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

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

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	0	,0	0.0	,0
2. Allied lines	0	,0	0.0	,0
3. Farmowners multiple peril	0	,0	0.0	,0
4. Homeowners multiple peril	0	,0	0.0	,0
5. Commercial multiple peril	0	,0	0.0	,0
6. Mortgage guaranty	0	,0	0.0	,0
8. Ocean marine	0	,0	0.0	,0
9. Inland marine	0	,0	0.0	,0
10. Financial guaranty	0	,0	0.0	,0
11.1 Medical professional liability -occurrence	0	,0	0.0	,0
11.2 Medical professional liability -claims made	12,582	8,933	71.0	71.0
12. Earthquake	0	,0	0.0	,0
13. Group accident and health	0	,0	0.0	,0
14. Credit accident and health	0	,0	0.0	,0
15. Other accident and health	0	,0	0.0	,0
16. Workers' compensation	0	,0	0.0	,0
17.1 Other liability occurrence	0	,0	0.0	,0
17.2 Other liability-claims made	0	,0	0.0	71.0
17.3 Excess Workers' Compensation	0	,0	0.0	,0
18.1 Products liability-occurrence	0	,0	0.0	,0
18.2 Products liability-claims made	0	,0	0.0	,0
19.1,19.2 Private passenger auto liability	0	,0	0.0	,0
19.3,19.4 Commercial auto liability	0	,0	0.0	,0
21. Auto physical damage	0	,0	0.0	,0
22. Aircraft (all perils)	0	,0	0.0	,0
23. Fidelity	0	,0	0.0	,0
24. Surety	0	,0	0.0	,0
26. Burglary and theft	0	,0	0.0	,0
27. Boiler and machinery	0	,0	0.0	,0
28. Credit	0	,0	0.0	,0
29. International	0	,0	0.0	,0
30. Warranty	0	,0	0.0	,0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
TOTALS	12,582	8,933	71.0	71.0
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	,0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date	4 Prior Year to Date Direct Loss Percentage
1. Fire	,0	,0	,0	,0
2. Allied lines	,0	,0	,0	,0
3. Farmowners multiple peril	,0	,0	,0	,0
4. Homeowners multiple peril	,0	,0	,0	,0
5. Commercial multiple peril	,0	,0	,0	,0
6. Mortgage guaranty	,0	,0	,0	,0
8. Ocean marine	,0	,0	,0	,0
9. Inland marine	,0	,0	,0	,0
10. Financial guaranty	,0	,0	,0	,0
11.1 Medical professional liability-occurrence	0	,0	,0	,0
11.2 Medical professional liability-claims made	12,582	12,582	49,731	49,731
12. Earthquake	,0	,0	,0	,0
13. Group accident and health	,0	,0	,0	,0
14. Credit accident and health	,0	,0	,0	,0
15. Other accident and health	,0	,0	,0	,0
16. Workers' compensation	,0	,0	,0	,0
17.1 Other liability occurrence	,0	,0	,0	,0
17.2 Other liability-claims made	,0	,0	,0	,0
17.3 Excess Workers' Compensation	,0	,0	,0	,0
18.1 Products liability-occurrence	,0	,0	,0	,0
18.2 Products liability-claims made	,0	,0	,0	,0
19.1,19.2 Private passenger auto liability	,0	,0	,0	,0
19.3,19.4 Commercial auto liability	,0	,0	,0	,0
21. Auto physical damage	,0	,0	,0	,0
22. Aircraft (all perils)	,0	,0	,0	,0
23. Fidelity	,0	,0	,0	,0
24. Surety	,0	,0	,0	,0
26. Burglary and theft	,0	,0	,0	,0
27. Boiler and machinery	,0	,0	,0	,0
28. Credit	,0	,0	,0	,0
29. International	,0	,0	,0	,0
30. Warranty	XXX	XXX	XXX	XXX
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0	0
TOTALS	12,582	12,582	49,731	
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	,0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	4 2016 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2016 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2016 Loss and LAE Payments (Cols. 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened and Open as of Prior Year End	8 Q.S. Date IBNR Loss and LAE Reserves Subsequent to Prior Year End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2013 + Prior	4,099	2,172	6,271	.25	458	483	3,475		2,313	5,788	(599)	599	0
2. 2014	2,240	1,334	3,574		122	122	2,320		1,132	3,452	80	(80)	0
3. Subtotals 2014 + prior	6,339	3,506	9,845	.25	580	605	5,795	0	3,445	9,240	(519)	519	0
4. 2015.....	197	.807	1,004		165	165	.102		.737	.839	(95)	.95	0
5. Subtotals 2015 + prior	6,536	4,313	10,849	.25	744	769	5,897	0	4,183	10,080	(614)	614	0
6. 2016.....	XXX	XXX	XXX	XXX		0	XXX		.8	.8	XXX	XXX	XXX
7. Totals	6,536	4,313	10,849	25	744	769	5,897	0	4,191	10,088	(614)	614	0
Prior Year-End 8. Surplus As Regards Policy- holders											Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. (9.4)	2. 14.2	3. 0.0
												Col. 13, Line 7 Line 8	
													4. 0.0

STATEMENT AS OF JUNE 30, 2016 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. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

Response

1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?NO.....
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?YES.....
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?NO.....
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?NO.....

Explanation:

- 1.
- 3.
- 4.

Bar Code:

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

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE A – VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Current year change in encumbrances.....	0	0
4. Total gain (loss) on disposals.....	0	0
5. Deduct amounts received on disposals.....	0	0
6. Total foreign exchange change in book/adjusted carrying value.....	0	0
7. Deduct current year's other-than-temporary impairment recognized.....	0	0
8. Deduct current year's depreciation.....	0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....	0	0
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....	0	0
10. Deduct current year's other-than-temporary impairment recognized.....	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....	0	0
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....	0	0
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and depreciation.....	0	0
9. Total foreign exchange change in book/adjusted carrying value.....	0	0
10. Deduct current year's other-than-temporary impairment recognized.....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	36,255,850	38,488,358
2. Cost of bonds and stocks acquired.....	7,558,407	7,550,558
3. Accrual of discount.....	4,113	9,366
4. Unrealized valuation increase (decrease).....	36,334	(9,890)
5. Total gain (loss) on disposals.....	35,741	39,747
6. Deduct consideration for bonds and stocks disposed of.....	6,595,735	9,564,984
7. Deduct amortization of premium.....	124,013	257,305
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	37,170,696	36,255,850
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	37,170,696	36,255,850

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	33,245,341	9,235,294	8,065,094	(314,983)	33,245,341	34,100,558	0	32,255,318
2. NAIC 2 (a).....	2,294,246	0	255,074	254,290	2,294,246	2,293,463	0	3,292,796
3. NAIC 3 (a).....	252,729	0	0	6,679	252,729	259,408	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds.....	35,792,316	9,235,294	8,320,168	(54,013)	35,792,316	36,653,429	0	35,548,114
PREFERRED STOCK								
8. NAIC 1.....	0	0	0	0	0	0	0	0
9. NAIC 2.....	0	0	0	0	0	0	0	0
10. NAIC 3.....	0	0	0	0	0	0	0	0
11. NAIC 4.....	0	0	0	0	0	0	0	0
12. NAIC 5.....	0	0	0	0	0	0	0	0
13. NAIC 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock.....	35,792,316	9,235,294	8,320,168	(54,013)	35,792,316	36,653,429	0	35,548,114

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 841,113 ; NAIC 2 \$ 0 ;

NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	841,113	XXX	841,113	1,501	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	614,310	309,176
2. Cost of short-term investments acquired	3,181,882	2,073,873
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	2,955,079	1,768,739
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	841,113	614,310
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	841,113	614,310

Schedule DB - Part A - Verification
NONE

Schedule DB - Part B - Verification
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part C - Section 2
NONE

Schedule DB - Verification
NONE

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of cash equivalents acquired	4,099,564	0
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals	4,099,564	0
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

Schedule B - Part 2
NONE

Schedule B - Part 3
NONE

Schedule BA - Part 2
NONE

Schedule BA - Part 3
NONE

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
.006644-H9-2.....	ADDISON TEX.....		.05/17/2016.....	FIRST TENNESSEE BANK N.A.....		.624,450	.500,000	0	.1FE
.590760-MJ-0.....	MESQUITE TEX INDPT SCH DIST.....		.06/30/2016.....	NORTHERN TRUST.....		.297,055	.250,000	0	.1FE
.849476-RC-2.....	SPRING BRANCH TEX INDPT SCH DI.....		.05/17/2016.....	JEFFERIES & CO.....		.619,180	.500,000	.7,569	.1FE
.974535-MA-1.....	WINNEBAGO & BOONE CNTYS ILL SC.....		.04/27/2016.....	STIFEL NICOLAUS & CO.....		.450,000	.450,000	0	.1FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						1,990,685	1,700,000	.7,569	XXX
Bonds - U.S. Special Revenue									
.20775C-KK-9.....	CONNECTICUT ST HSG FIN AUTH FI HSG.....		.06/30/2016.....	NORTHERN TRUST.....		.250,000	.250,000	0	.1FE
.3138ET-DZ-6.....	FNMA PASS-THRU LNG 30 YEAR.....		.05/01/2016.....	WACHOVIA SECURITIES.....		1,577,969	1,472,373	.1,800	.1
.31418B-3T-1.....	FNMA PASS-THRU LNG 30 YEAR.....		.06/01/2016.....	GOLDMAN SACHS & CO.....		.784,304	.746,845	.871	.1
.45528U-TN-1.....	INDIANAPOLIS IND LOC PUB IMP.....		.05/20/2016.....	RAYMOND JAMES & ASSOC.....		.535,455	.500,000	0	.1FE
.59259N-3K-7.....	METROPOLITAN TRANSN AUTH N Y D.....		.05/26/2016.....	MERRILL LYNCH.....		.306,415	.250,000	.174	.1FE
.88906R-ET-3.....	TOHOPEKALIGA WTR AUTH FLA UTIL.....		.05/17/2016.....	MERRILL LYNCH.....		.561,770	.500,000	.2,056	.1FE
.917565-LK-7.....	UTAH TRAN AUTH SALES TAX REV.....		.04/27/2016.....	DONALDSON LUFKIN & JENRETTE SECURITIES C.....		.730,038	.600,000	.13,026	.1FE
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						4,745,951	4,319,217	.17,926	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
.898384-AZ-5.....	TRUSTEES UNION COLLEGE.....		.04/25/2016.....	J.P. MORGAN.....		.572,029	.560,000	.7,189	.1FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						572,029	560,000	.7,189	XXX
8399997 - Subtotals - Bonds - Part 3						7,308,665	6,579,217	.32,685	XXX
8399999 - Subtotals - Bonds						7,308,665	6,579,217	.32,685	XXX
9999999 Totals						7,308,665	XXX	32,685	XXX

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

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

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

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE E - PART 1 - CASH

Month End Depository Balances								
1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
Fifth Third Bank.....Columbus, OH			0.000	0	0	150,154	1,864,937	1,706,741
0199998 Deposits indepositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX						
0199999 Total Open Depositories	XXX	XXX	0	0	150,154	1,864,937	1,706,741	
0399999 Total Cash on Deposit	XXX	XXX	0	0	150,154	1,864,937	1,706,741	
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				
0599999 Total	XXX	XXX	0	0	150,154	1,864,937	1,706,741	

STATEMENT AS OF JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter							
1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year

NONE

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SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2016 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	12,582	12,582	.0		8,933	1,962,000	.8
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA							
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA							
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Northern Mariana Islands	MP							
57. Canada	CAN							
58. Aggregate other alien	OT	0	0	0	0	0	0	0
59. Totals		12,582	12,582	0	0	8,933	1,962,000	8
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 THE QUARTER ENDING JUNE 30, 2016 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	0	0	25,000		.0	8,910,008	.21
37. Oklahoma	OK							(3,611,226)
38. Oregon	OR							
39. Pennsylvania	PA							
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA							
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Northern Mariana Islands	MP							
57. Canada	CAN							
58. Aggregate other alien	OT	0	0	0	0	0	0	0
59. Totals		0	0	25,000	0	0	8,910,008	.21
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 THE QUARTER ENDING JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

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

Other Health Care Professionals

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN							
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT							
28. Nebraska	NE							
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	OH							
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA							
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA							
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Northern Mariana Islands	MP							
57. Canada	CAN							
58. Aggregate other alien	OT	0	0	0	0	0	0	0
59. Totals		0	0	0	0	0	0	0
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 THE QUARTER ENDING JUNE 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC

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

Other Health Care Facilities

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

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