



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

# QUARTERLY STATEMENT

AS OF SEPTEMBER 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
-------------------	-----------------------

### DIRECTORS OR TRUSTEES

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

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

County of .....Suffolk.....ss

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

\_\_\_\_\_  
Gregg Lee Hanson  
President, CEO & Chair

\_\_\_\_\_  
Joseph Gerard Murphy  
Chief Operating Officer & Treasurer

\_\_\_\_\_  
Mary 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 SEPTEMBER 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 .....	36,349,729		36,349,729	34,933,804
2. Stocks:				0
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	1,404,323		1,404,323	1,322,046
3. Mortgage loans on real estate:				0
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				0
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 (\$ ..... 985,034 ), cash equivalents (\$ ..... 0 ) and short-term investments (\$ ..... 227,462 ) .....	1,212,496		1,212,496	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 .....	100,790		100,790	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) .....	39,067,338	0	39,067,338	39,532,818
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	326,068		326,068	313,478
15. Premiums and considerations:				0
15.1 Uncollected premiums and agents' balances in the course of collection .....			0	(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:				0
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 .....	101,591	6,944	94,647	153,328
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	16,296	16,296	0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	117,845	117,845	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	197,661		197,661	883,705
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other-than-invested assets .....	100	0	100	45,368
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	39,826,899	141,085	39,685,814	40,862,062
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	39,826,899	141,085	39,685,814	40,862,062
<b>DETAILS OF WRITE-INS</b>				
1101. .....			0	0
1102. .....			0	0
1103. .....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Miscellaneous Receivable .....	100		100	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) .....	100	0	100	45,368

STATEMENT AS OF SEPTEMBER 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 )	7,292,176	7,585,742
2. Reinsurance payable on paid losses and loss adjustment expenses	0	0
3. Loss adjustment expenses	2,155,002	3,263,417
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	7,054	101,612
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	0
7.1 Current federal and foreign income taxes (including \$ 20,167 on realized capital gains (losses))	110,045	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	85,262	147,556
20. Derivatives	0	0
21. Payable for securities	294,770	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	38,947	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	10,682,311	12,597,655
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	10,682,311	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)	7,779,608	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)	29,003,503	28,264,408
38. Totals (Page 2, Line 28, Col. 3)	39,685,814	40,862,063
<b>DETAILS OF WRITE-INS</b>		
2501. Miscellaneous Liability	38,947	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)	38,947	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 SEPTEMBER 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
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 12,582 )	12,582	1,256,895	1,491,397
1.2 Assumed (written \$ )	0	0	0
1.3 Ceded (written \$ )	241,086	769,605	721,792
1.4 Net (written \$ 12,582 )	12,582	1,015,809	721,792
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 8,933 ):	8,933	892,407	2,109,225
2.1 Direct	0	0	0
2.2 Assumed	0	0	0
2.3 Ceded	297,386	1,678,865	430,360
2.4 Net	595,021	0	0
3. Loss adjustment expenses incurred	(61,794)	20,894	(188,435)
4. Other underwriting expenses incurred	10,630	885,751	81,086
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	(42,231)	1,501,666	323,011
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	54,813	(485,857)	398,781
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	767,907	638,900	936,987
10. Net realized capital gains (losses) less capital gains tax of \$ 20,167	33,882	27,311	24,827
11. Net investment gain (loss) (Lines 9 + 10)	801,789	666,211	961,814
<b>OTHER INCOME</b>			
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	20,794	(8,281)	(8,785)
15. Total other income (Lines 12 through 14)	20,794	(8,281)	(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)	877,396	172,073	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)	877,396	172,073	1,351,810
19. Federal and foreign income taxes incurred	172,203	(292,330)	53,874
20. Net income (Line 18 minus Line 19)(to Line 22)	705,193	464,403	1,297,936
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	28,264,408	27,109,089	27,109,089
22. Net income (from Line 20)	705,193	464,403	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 \$	82,277	(89,431)	(9,890)
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	(58,681)	(154,690)	(143,068)
27. Change in nonadmitted assets	10,306	67,481	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)	739,095	287,763	1,155,319
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	29,003,503	27,396,852	28,264,408
<b>DETAILS OF WRITE-INS</b>			
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. <b>TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)</b>	0	0	0
1401. Miscellaneous Income	20,794	0	0
1402. Miscellaneous Expense	0	(8,281)	(8,785)
1403. Risk Management Programs	0	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. <b>TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)</b>	20,794	(8,281)	(8,785)
3701. Prior Period Adjustment	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. <b>TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)</b>	0	0	0

**STATEMENT AS OF SEPTEMBER 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
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	(551,460)	1,151,036	994,418
2. Net investment income.....	952,989	888,546	1,187,832
3. Miscellaneous income.....	20,794	(8,281)	(8,785)
4. Total (Lines 1 to 3).....	422,323	2,031,301	2,173,465
5. Benefit and loss related payments.....	302,500	851,216	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.....	1,151,908	1,904,380	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).....	385,056	1,415,131	1,140,808
10. Total (Lines 5 through 9).....	1,839,464	4,170,727	3,488,614
11. Net cash from operations (Line 4 minus Line 10).....	(1,417,141)	(2,139,426)	(1,315,149)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	8,021,174	8,881,109	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.....	(100,790)	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	7,920,384	8,881,109	9,564,984
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	9,580,721	6,593,528	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.....	(294,770)	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	9,285,951	6,593,528	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).....	(1,365,567)	2,287,581	2,014,427
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0	0
16.5 Dividends to stockholders.....	0	0	0
16.6 Other cash provided (applied).....	718,236	779,014	(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).....	718,236	779,014	(1,039,627)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(2,064,472)	927,169	(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).....	1,212,496	4,544,486	3,276,968

**STATEMENT AS OF September 30, 2016 OF THE OHA Insurance Solutions, Inc.****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:

	<u>State of Domicile</u>	<u>2016</u>	<u>2015</u>
<b><u>NET INCOME</u></b>			
(1) Ohio state basis (Page 4, Line 20, Columns 1 & 3)	OH	\$ 705,193	\$ 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>\$ 705,193</u>	<u>\$ 1,297,939</u>
<b><u>SURPLUS</u></b>			
(5) Ohio state basis (Page 3, Line 37, Columns 1 & 2)	OH	\$ 29,003,503	\$ 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>\$ 29,003,503</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 September 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	\$ 64
2. 12 months or longer	<u>\$ 33,418</u>

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

1. Less than 12 months	\$ 51,386
2. 12 months or longer	<u>\$ 1,359,313</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

**STATEMENT AS OF September 30, 2016 OF THE OHA Insurance Solutions, Inc.**

**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	\$ 1,404,323	\$ -	\$ -	\$ 1,404,323
Total common stocks	1,404,323	-	-	1,404,323
Total assets at fair value	\$ 1,404,323	\$ -	\$ -	\$ 1,404,323

(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 September 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	37,744,348	36,349,728	-	37,744,349	-	-
Common Stocks	1,404,323	1,404,323	1,404,323	-	-	-
Short Term	227,462	227,462	227,462	-	-	-

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

Effective in the fourth quarter of 2016, the Company received approval from the Ohio Department of Insurance and the Michigan Department of Insurance and Financial Services to merge into MHA Insurance Company effective October 1, 2016.

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 SEPTEMBER 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 SEPTEMBER 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 SEPTEMBER 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.....	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 SEPTEMBER 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 SEPTEMBER 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC.

## **SCHEDULE F - CEDED REINSURANCE**

## Showing All New Reinsurers - Current Year to Date

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

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

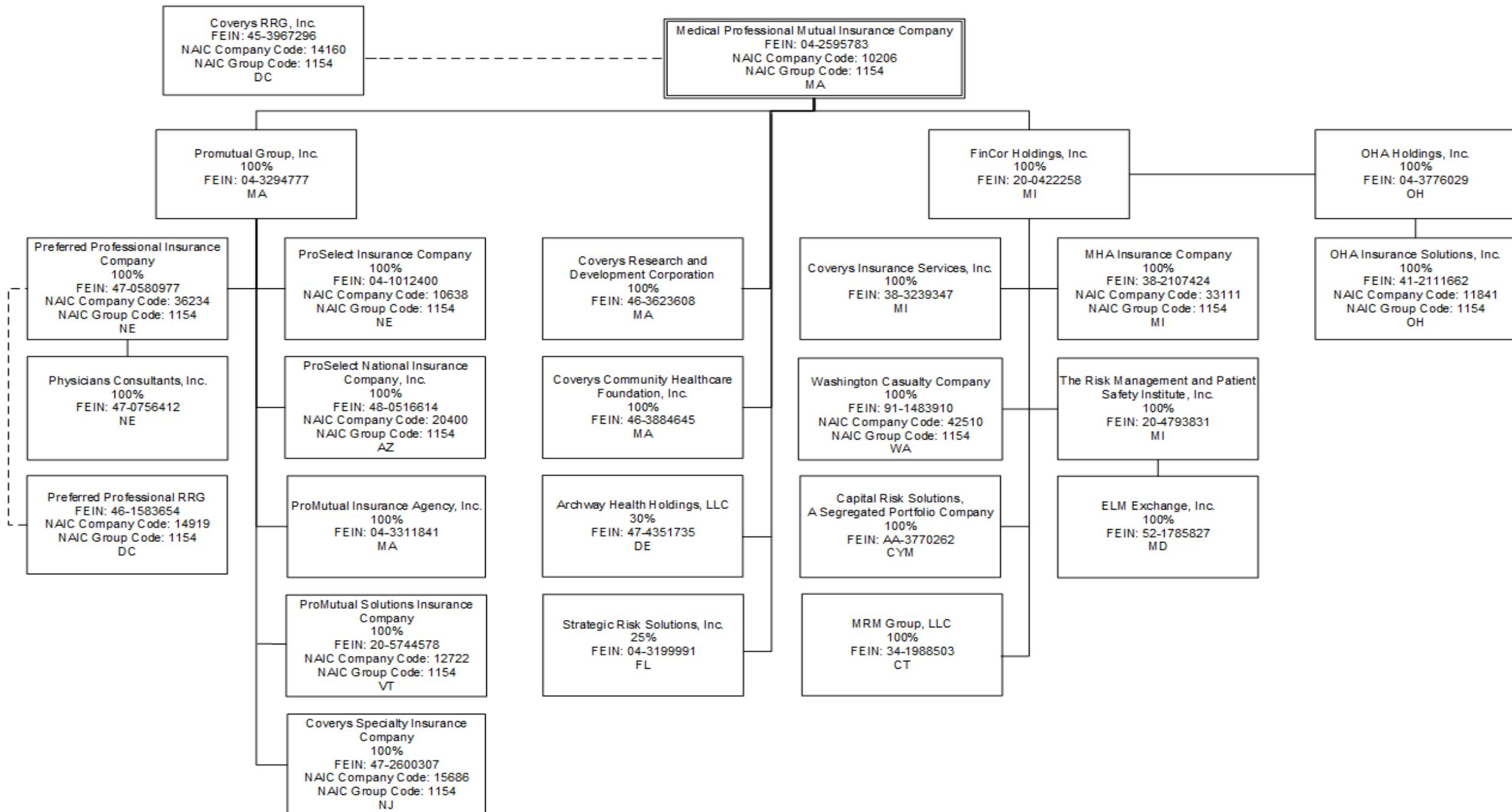
States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	N	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0
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	80,983	302,500	4,132,500	18,602,909
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	80,983	302,500	4,132,500	18,602,909
<b>DETAILS OF WRITE-INS</b>		XXX					
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 SEPTEMBER 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 SEPTEMBER 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 SEPTEMBER 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.....	42510.....	91-1483910.....				Washington Casualty Company.....	WA.....	IA.....	FinCor Holdings, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
	Coverys.....		38-3239347.....				Coverys Insurance Services, Inc.....	MI.....	NIA.....	FinCor Holdings, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
	Coverys.....		AA-3770262.....				Capital Risk Solutions.....	CY.....	OTH.....	FinCor Holdings, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	1
	Coverys.....		20-4793831.....				The Risk Management and Patient Safety Institute, Inc.....	MI.....	NIA.....	FinCor Holdings, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
	Coverys.....		52-1785827.....				ELM Exchange, Inc.....	MD.....	NIA.....	The Risk Management and Patient Safety Institute, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
	Coverys.....		46-3623608.....				Coverys Research and Development Corporation.....	MA.....	NIA.....	Medical Professional Mutual Insurance Company.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
	Coverys.....		46-3884645.....				Coverys Community Healthcare Foundation, Inc.....	MA.....	NIA.....	Medical Professional Mutual Insurance Company.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
01154.....	Coverys.....	12722.....	20-5744578.....				ProMutual Solutions Insurance Company.....	VT.....	IA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0
	Coverys.....		47-4351735.....				Archway Health Holdings, LLC.....	MA.....	NIA.....	Medical Professional Mutual Insurance Company.....	Ownership.....	30.0	Medical Professional Mutual Insurance Company.....	0
	Coverys.....		04-3199991.....				Strategic Risk Solutions, Inc.....	FL.....	NIA.....	Medical Professional Mutual Insurance Company.....	Ownership.....	25.0	Medical Professional Mutual Insurance Company.....	0
	Coverys.....		34-1988503.....				MRM Group, LLC.....	CT.....	NIA.....	FinCor Holdings, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	0

12.1

**STATEMENT AS OF SEPTEMBER 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC**

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

122

Asterisk	Explanation
0000001	Non-Us/Non-Insurance Affiliate.....
0000002	Medical Professional Mutual Insurance Company is the managing general agent for Coverys RRG, Inc.....
0000003	Preferred Professional Insurance Company (PPIC) is the captive manager for Preferred Professional RRG (PPRRG). ProMutual Group, Inc. is the 100% owner of PPIC. Medical Professional Mutual Insurance Company is the 100% owner of ProMutual Group, Inc .....

STATEMENT AS OF SEPTEMBER 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
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	8,933	71.0	71.0
12. Earthquake			0.0	0.0
13. Group accident and health			0.0	0.0
14. Credit accident and health			0.0	0.0
15. Other accident and health			0.0	0.0
16. Workers' compensation			0.0	0.0
17.1 Other liability occurrence			0.0	0.0
17.2 Other liability-claims made			0.0	71.0
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			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
<b>TOTALS</b>	<b>12,582</b>	<b>8,933</b>	<b>71.0</b>	<b>71.0</b>
<b>DETAILS OF WRITE-INS</b>				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
				1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
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	0		12,582	0		80,983
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	0		0	0		0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX		XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX		XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX		XXX
34. Aggregate write-ins for other lines of business	0	0	0	0		0
<b>TOTALS</b>	<b>0</b>	<b>12,582</b>	<b>0</b>	<b>0</b>	<b>80,983</b>	<b>0</b>
<b>DETAILS OF WRITE-INS</b>						
3401.						
3402.						
3403.						
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0		0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0	0		0

STATEMENT AS OF SEPTEMBER 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 on Claims Reported or Reopened 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	303	.654	.957	2,973		2,342	5,314	(824)	824	0
2. 2014 .....	2,240	1,334	3,574		.178	.178	2,310		1,086	3,396	70	(70)	0
3. Subtotals 2014 + prior .....	6,339	3,506	9,845	303	.832	.1,134	5,283	0	3,428	8,711	(754)	754	0
4. 2015.....	197	.807	1,004		.215	.215	.101		.688	.789	(96)	.96	0
5. Subtotals 2015 + prior .....	6,536	4,313	10,849	303	1,047	1,349	5,384	0	4,116	9,500	(850)	850	0
6. 2016.....	XXX	XXX	XXX	XXX		0	XXX		(53)	(53)	XXX	XXX	XXX
7. Totals .....	6,536	4,313	10,849	303	1,047	1,349	5,384	0	4,064	9,447	(850)	850	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. (13.0)	2. 19.7	3. 0.0
												Col. 13, Line 7 Line 8	
													4. 0.0

# STATEMENT AS OF SEPTEMBER 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 3
3.		1 1 8 4 1 2 0 1 6 3 6 5 0 0 0 0 0 3
4.		1 1 8 4 1 2 0 1 6 5 0 5 0 0 0 0 0 3

STATEMENT AS OF SEPTEMBER 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	9,580,721	7,550,558
3. Accrual of discount	6,024	9,366
4. Unrealized valuation increase (decrease)	82,277	(9,890)
5. Total gain (loss) on disposals	54,049	39,747
6. Deduct consideration for bonds and stocks disposed of	8,021,174	9,564,984
7. Deduct amortization of premium	203,695	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)	37,754,051	36,255,850
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	37,754,051	36,255,850

STATEMENT AS OF SEPTEMBER 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
<b>BONDS</b>								
1. NAIC 1 (a).....	34,100,558	2,420,550	2,159,997	(73,426)	33,245,341	34,100,558	34,287,685	32,255,318
2. NAIC 2 (a).....	2,293,463	0	0	(3,958)	2,294,246	2,293,463	2,289,504	3,292,796
3. NAIC 3 (a).....	259,408	0	259,020	(388)	252,729	259,408	1	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.....	36,653,429	2,420,550	2,419,017	(77,772)	35,792,316	36,653,429	36,577,190	35,548,114
<b>PREFERRED STOCK</b>								
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.....	36,653,429	2,420,550	2,419,017	(77,772)	35,792,316	36,653,429	36,577,190	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 \$ 227,462 ; NAIC 2 \$ 0 ;

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

**STATEMENT AS OF SEPTEMBER 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	227,462	XXX	227,462	1,998	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 .....	3,580,118	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 .....	3,966,966	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).....	227,462	614,310
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	227,462	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 SEPTEMBER 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 SEPTEMBER 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 <sup>(a)</sup>
<b>Bonds - U.S. Special Revenue</b>									
.02765U-MH-4.....	AMERICAN MUN PWR OHIO INC REV.....		.09/20/2016.....	INCAPITAL LLC.....		294,770	.250,000	0	.1FE
665250-CX-2.....	NORTHERN ILL MUN PWR AGY PWR P.....		.08/24/2016.....	GOLDMAN SACHS & CO.....		601,020	.500,000	0	.1FE
735389-XG-8.....	PORT SEATTLE WASH REV.....		.09/27/2016.....	FIRST TENNESSEE BANK N.A.....		307,803	.250,000	2,014	.1FE
735352-QF-6.....	PORT ST LUCIE FLA UTIL REV.....		.08/11/2016.....	CITI GROUP GLOBAL.....		280,653	.250,000	0	.1FE
735352-QG-4.....	PORT ST LUCIE FLA UTIL REV.....		.08/11/2016.....	CITI GROUP GLOBAL.....		279,485	.250,000	0	.1FE
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						1,763,730	1,500,000	2,014	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
.14913C-AA-8.....	CATERPILLAR FINL SVCS MTNS BE 144A.....		.09/26/2016.....	EXCHANGE.....		258,584	.250,000	0	.1FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						258,584	250,000	0	XXX
8399997 - Subtotals - Bonds - Part 3						2,022,314	1,750,000	2,014	XXX
8399999 - Subtotals - Bonds						2,022,314	1,750,000	2,014	XXX
9999999 Totals						2,022,314	XXX	2,014	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0 .....

E04

**STATEMENT AS OF SEPTEMBER 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 ..... 0.

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 SEPTEMBER 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	1,629,242	1,110,622	985,034
0199998 Deposits in .....depositories 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	1,629,242	1,110,622	985,034	
0399999 Total Cash on Deposit	XXX	XXX	0	0	1,629,242	1,110,622	985,034	
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				
<b>0599999 Total</b>	<b>XXX</b>	<b>XXX</b>	<b>0</b>	<b>0</b>	<b>1,629,242</b>	<b>1,110,622</b>	<b>985,034</b>	

**STATEMENT AS OF SEPTEMBER 30, 2016 OF THE OHA INSURANCE SOLUTIONS, INC**

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

**NONE**

四  
三



**SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 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	6	8,933	1,961,000	.7
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	6	8,933	1,961,000	7
<b>DETAILS OF WRITE-INS</b>								
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 SEPTEMBER 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	302,500	.13	.0	8,397,508	18 (3,376,226)
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	302,500	13	0	8,397,508	18 (3,376,226)
<b>DETAILS OF WRITE-INS</b>								
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 SEPTEMBER 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
<b>DETAILS OF WRITE-INS</b>								
58001. ....								
58002. ....								
58003. ....								
58998. Sum. of remaining write-ins for Line 58 from overflow page .....	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



**SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 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
<b>DETAILS OF WRITE-INS</b>								
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