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2011

Document Code: 201

QUARTERLY STATEMENT
AS OF September 30, 2011
OF THE CONDITION AND AFFAIRS OF THE
HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	12233	Employer's ID Number	74-3129288
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio	
Country of Domicile	United States of America					
Incorporated/Organized	11/30/2004		Commenced Business	12/14/2004		
Statutory Home Office	450 Alkyre Run, Suite 360 (Street and Number)				Westerville, OH 43082-6914 (City, or Town, State and Zip Code)	
Main Administrative Office	1250 South Pine Island Road, Suite 300 (Street and Number)				Plantation, FL 33324-4402 (City or Town, State and Zip Code)	
Mail Address	1250 South Pine Island Road, Suite 300 (Street and Number or P.O. Box)				Plantation, FL 33324-4402 (City, or Town, State and Zip Code)	
Primary Location of Books and Records	1250 South Pine Island Road, Suite 300 (Street and Number)				Plantation, FL 33324-4402 (City, or Town, State and Zip Code)	
Internet Web Site Address	www.hugroupoh.com					
Statutory Statement Contact	Thomas William Mueller (Name) tmueller@HUGroups.com (E-Mail Address)				(866)484-5716 (Area Code)(Telephone Number) (877)895-0996 (Fax Number)	

OFFICERS

Name	Title
Howard Irwin Dickey-White MD	President
Gary Birnbaum MD, JD	Chairperson
John Michael Surso MD	Vice-Chairperson
Steven Lee Salman JD	Chief Executive Officer
Joseph Richard Hellmann MD	Secretary
Joseph James Zigray CPA	Treasurer
David Wayne Lester CPA	Asst'T Treasurer & VP-Chief Financial Officer
Joshua Marc Salman	VP-Chief Operating Officer
Morton Caldwell Bell	VP-Chief Underwriting Officer
William Carl Ludwig JD	VP-Chief Claims Officer

OTHERS

Ronald Joseph Goff, VP-Chief Sales Officer
 Thomas William Mueller CPA, VP Finance & Controller

David Wayne McKenney, Regional VP-Claims

DIRECTORS OR TRUSTEES

Gary Birnbaum MD, JD	Christopher Boshkos MD
Howard Irwin Dickey-White MD	Joseph Richard Hellmann MD
Steven Lee Salman JD	Darrel Joseph Scott JD
John Michael Surso MD	Joseph James Zigray CPA

State of Ohio
 County of Franklin ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the 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.

(Signature)
 Howard Irwin Dickey-White, MD
 (Printed Name)
 1.
 President
 (Title)

(Signature)
 Joseph Richard Hellmann, MD
 (Printed Name)
 2.
 Secretary
 (Title)

(Signature)
 Joseph James Zigray, CPA
 (Printed Name)
 3.
 Treasurer
 (Title)

Subscribed and sworn to before me this
 _____ day of _____, 2011

a. Is this an original filing?
 b. If no, 1. State the amendment number
 2. Date filed
 3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

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	23,096,416		23,096,416	22,574,708
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....(176,218)), cash equivalents (\$.....426,177) and short-term investments (\$.....692,296)	942,255		942,255	1,987,852
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	24,038,671		24,038,671	24,562,560
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	189,603		189,603	205,286
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				20,670
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	240,560		240,560	337,714
18.2 Net deferred tax asset	711,999	163,928	548,071	636,901
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	50,050	50,050		
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	506,290		506,290	
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	659,440	659,440		0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	26,396,614	873,419	25,523,195	25,763,131
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	26,396,614	873,419	25,523,195	25,763,131
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid Management Fees	643,294	643,294		
2502. Other Prepaid Expenses	16,146	16,146		0
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	659,440	659,440		0

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31 Prior Year
1.	Losses (current accident year \$.....1,303,252)	5,823,283	5,070,031
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses	3,587,952	3,425,552
4.	Commissions payable, contingent commissions and other similar charges	8,920	23,796
5.	Other expenses (excluding taxes, licenses and fees)	156,548	154,864
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	62,700	84,551
7.1	Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses))		
7.2	Net deferred tax liability		
8.	Borrowed money \$.....0 and interest thereon \$.....0		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....383,096 and including warranty reserves of \$.....0)	2,804,363	2,669,498
10.	Advance premium	101,025	1,017,099
11.	Dividends declared and unpaid:		
11.1	Stockholders		
11.2	Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)	333,665	341,586
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		932,252
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$.....0 and interest thereon \$.....0		
25.	Aggregate write-ins for liabilities		
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	12,878,456	13,719,230
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	12,878,456	13,719,230
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock		
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus	10,818,558	10,371,584
35.	Unassigned funds (surplus)	1,826,181	1,672,317
36.	Less treasury stock, at cost:		
36.1	.....0 shares common (value included in Line 30 \$.....0)		
36.2	.....0 shares preferred (value included in Line 31 \$.....0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	12,644,739	12,043,901
38.	Totals (Page 2, Line 28, Col. 3)	25,523,195	25,763,131

DETAILS OF WRITE-INS

2501.			
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)		
2901.			
2902.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page		
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.			
3202.			
3203.			
3298.	Summary of remaining write-ins for Line 32 from overflow page		
3299.	TOTALS (Lines 3201 through 3203 plus 3298) (Line 32 above)		

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 \$.....4,478,478)	4,385,444	4,507,141	6,181,262
1.2	Assumed (written \$.....0)			
1.3	Ceded (written \$.....576,819)	618,650	901,591	660,975
1.4	Net (written \$.....3,901,659)	3,766,794	3,605,550	5,520,287
DEDUCTIONS:				
2.	Losses incurred (current accident year \$.....1,303,252)			
2.1	Direct	1,277,249	1,346,482	1,871,228
2.2	Assumed			
2.3	Ceded	223,997	268,534	121,553
2.4	Net	1,053,252	1,077,948	1,749,675
3.	Loss adjustment expenses incurred	1,492,630	1,297,813	929,447
4.	Other underwriting expenses incurred	1,512,389	1,674,639	2,596,299
5.	Aggregate write-ins for underwriting deductions			
6.	Total underwriting deductions (Lines 2 through 5)	4,058,271	4,050,400	5,275,421
7.	Net income of protected cells			
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(291,477)	(444,850)	244,866
INVESTMENT INCOME				
9.	Net investment income earned	594,555	633,020	808,836
10.	Net realized capital gains (losses) less capital gains tax of \$.....0		98,823	97,328
11.	Net investment gain (loss) (Lines 9 + 10)	594,555	731,843	906,164
OTHER INCOME				
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)			
13.	Finance and service charges not included in premiums			
14.	Aggregate write-ins for miscellaneous income			
15.	Total other income (Lines 12 through 14)			
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	303,078	286,993	1,151,031
17.	Dividends to policyholders			1,000,000
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)	303,078	286,993	151,031
19.	Federal and foreign income taxes incurred	97,154	(127,864)	(211,679)
20.	Net income (Line 18 minus Line 19) (to Line 22)	205,924	414,857	362,710
CAPITAL AND SURPLUS ACCOUNT				
21.	Surplus as regards policyholders, December 31 prior year	12,043,901	11,066,384	11,066,384
22.	Net income (from Line 20)	205,924	414,857	362,710
23.	Net transfers (to) or from Protected Cell accounts			
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0			
25.	Change in net unrealized foreign exchange capital gain (loss)			
26.	Change in net deferred income tax	(35,739)	(270,895)	(236,989)
27.	Change in nonadmitted assets	(16,319)	309,588	310,028
28.	Change in provision for reinsurance			
29.	Change in surplus notes			
30.	Surplus (contributed to) withdrawn from Protected cells			
31.	Cumulative effect of changes in accounting principles			
32.	Capital changes:			
32.1	Paid in			
32.2	Transferred from surplus (Stock Dividend)			
32.3	Transferred to surplus			
33.	Surplus adjustments:			
33.1	Paid in	446,972	423,999	541,768
33.2	Transferred to capital (Stock Dividend)			
33.3	Transferred from capital			
34.	Net remittances from or (to) Home Office			
35.	Dividends to stockholders			
36.	Change in treasury stock			
37.	Aggregate write-ins for gains and losses in surplus			
38.	Change in surplus as regards policyholders (Lines 22 through 37)	600,838	877,549	977,517
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	12,644,739	11,943,933	12,043,901
DETAILS OF WRITE-INS				
0501.				
0502.				
0503.				
0598.	Summary of remaining write-ins for Line 5 from overflow page			
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)			
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
3701.				
3702.				
3703.				
3798.	Summary of remaining write-ins for Line 37 from overflow page			
3799.	TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)			

STATEMENT AS OF **September 30, 2011** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
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	2,977,664	2,680,366	5,120,078
2.	Net investment income	680,874	682,415	876,038
3.	Miscellaneous income			
4.	Total (Lines 1 to 3)	3,658,538	3,362,781	5,996,116
5.	Benefit and loss related payments	279,330		523,170
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	2,859,977	2,274,141	3,443,806
8.	Dividends paid to policyholders			1,000,000
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)		364,999	364,999
10.	Total (Lines 5 through 9)	3,139,307	2,639,140	5,331,975
11.	Net cash from operations (Line 4 minus Line 10)	519,230	723,641	664,141
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	1,017,438	3,722,083	4,658,317
12.2	Stocks			
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds			
12.8	Total investment proceeds (Lines 12.1 to 12.7)	1,017,438	3,722,083	4,658,317
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	1,609,782	4,674,972	5,629,224
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications			0
13.7	Total investments acquired (Lines 13.1 to 13.6)	1,609,782	4,674,972	5,629,224
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	(592,344)	(952,889)	(970,907)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock	446,974	423,999	541,768
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	(1,419,457)	(725,008)	(203,858)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(972,483)	(301,009)	337,910
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)	(1,045,597)	(530,257)	31,144
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	1,987,852	1,956,708	1,956,708
19.2	End of period (Line 18 plus Line 19.1)	942,255	1,426,451	1,987,852

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001			
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STATEMENT AS OF **September 30, 2011** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
Notes to Financial Statement

1 Summary of Significant Accounting Policies

A. The accompanying financial statements of Healthcare Underwriters Group Mutual of Ohio (the Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

There are no changes in the Company's significant accounting policies.

2 Accounting Changes and Corrections of Errors

No change.

3 Business Combinations and Goodwill

No change.

4 Discontinued Operations

No change.

5 Investments

No change.

6 Joint Ventures, Partnerships and Limited Liability Companies

No change.

7 Investment Income

No change.

8 Derivative Instruments

No change.

9 Income Taxes

No change.

10 Information Concerning Parent, Subsidiaries and Affiliates

No change.

11 Debt

No change.

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

No change.

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

No change.

14 Contingencies

No change.

15 Leases

No change.

16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No change.

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 (N/A - Title)

No change.

19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators (N/A - Title)

No change.

20 Fair Value Measurements

No change.

21 Other Items

No change.

22 Events Subsequent

No change.

23 Reinsurance

Ceded reinsurance premiums payable as of September 30, 2011 related to insured events of prior years were decreased by \$50,000 as a result of re-estimation of unpaid reinsured claims. Management determined to decrease ceded reinsurance premiums payable based in part on advice received from its independent consulting actuary.

24 Retrospectively Rated Contracts & Contract Subject to Redetermination (N/A – Title)

No change.

STATEMENT AS OF **September 30, 2011** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
Notes to Financial Statement

25 Change in Incurred Losses and Loss Adjustment Expenses

Net reserves for losses and loss adjustment expenses as of September 30, 2011 related to insured events of prior years were decreased by \$250,000 year-to-date as a result of re-estimation of unpaid claims. Management determined to reduce prior year reserves based in part on advice received from its independent consulting actuary. No return premiums have been accrued as a result of the prior-year effects.

26 Intercompany Pooling Arrangements

No change.

27 Structured Settlements

No change.

28 Health Care Receivables

No change.

29 Participating Policies

No change.

30 Premium Deficiency Reserves

No change.

31 High Deductibles

No change.

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

No change.

33 Asbestos/Environmental Reserves

No change.

34 Subscriber Savings Accounts

No change.

35 Multi Peril Crop Insurance

No change.

36 Financial Guaranty Insurance

No change.

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

1.2 If yes, has the report been filed with the domiciliary state?

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. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]
If yes, complete the Schedule Y - Part 1 - organizational chart.

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[X] No[] N/A[]
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. 12/31/2008

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. 12/31/2008

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). 12/01/2009

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[] N/A[X]

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

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. Yes[] No[X]

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 Office of Thrift Supervision (OTS), 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 OTS	6 FDIC	7 SEC
.....	Yes[] No[X]				

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: \$ 0

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: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

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

GENERAL INTERROGATORIES (Continued)**INVESTMENT**

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 Mortgages Loans on Real Estate
14.26 All Other
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
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?

If no, attach a description with this statement.

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

16. 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 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

16.1 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
PNC Institutional Investments	1900 E 9th Street, Cleveland, OH 44114

16.2 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)
.....

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes[] No[X]

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address
129052	PNC Institutional Investments	1900 East 9th Street, Cleveland, OH 44114

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[]

17.2 If no, list exceptions:

General Interrogatories Part 1 Attachments

Response to Question 5:

An amendment renews the management agreement and revises and limits the calculation of the incentive bonus payable to Global Insurance Management Company of Ohio, LLC by Healthcare Underwriters Group Mutual of Ohio.

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 N/A 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? Yes No X
If yes, attach an explanation.

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:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 TOTAL
04.2999 Total

5. Operating Percentages:

5.1 A&H loss percent	.....	0.000%
5.2 A&H cost containment percent	.....	0.000%
5.3 A&H expense percent excluding cost containment expenses	.....	0.000%

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. \$..... 0
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. \$..... 0

SCHEDULE F - CEDED REINSURANCE**Showing all new reinsurers - Current Year to Date**

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Is Insurer Authorized? (Yes or No)
			N O N E	

STATEMENT AS OF **September 30, 2011** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
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						
2. Alaska (AK)	N						
3. Arizona (AZ)	N						
4. Arkansas (AR)	N						
5. California (CA)	N						
6. Colorado (CO)	N						
7. Connecticut (CT)	N						
8. Delaware (DE)	N						
9. District of Columbia (DC)	N						
10. Florida (FL)	N						
11. Georgia (GA)	N						
12. Hawaii (HI)	N						
13. Idaho (ID)	N						
14. Illinois (IL)	N						
15. Indiana (IN)	N						
16. Iowa (IA)	N						
17. Kansas (KS)	N						
18. Kentucky (KY)	N						
19. Louisiana (LA)	N						
20. Maine (ME)	N						
21. Maryland (MD)	N						
22. Massachusetts (MA)	N						
23. Michigan (MI)	N						
24. Minnesota (MN)	N						
25. Mississippi (MS)	N						
26. Missouri (MO)	N						
27. Montana (MT)	N						
28. Nebraska (NE)	N						
29. Nevada (NV)	N						
30. New Hampshire (NH)	N						
31. New Jersey (NJ)	N						
32. New Mexico (NM)	N						
33. New York (NY)	N						
34. North Carolina (NC)	N						
35. North Dakota (ND)	N						
36. Ohio (OH)	L	4,478,478	4,311,511	300,000		7,212,794	6,235,799
37. Oklahoma (OK)	N						
38. Oregon (OR)	N						
39. Pennsylvania (PA)	N						
40. Rhode Island (RI)	N						
41. South Carolina (SC)	N						
42. South Dakota (SD)	N						
43. Tennessee (TN)	N						
44. Texas (TX)	N						
45. Utah (UT)	N						
46. Vermont (VT)	N						
47. Virginia (VA)	N						
48. Washington (WA)	N						
49. West Virginia (WV)	N						
50. Wisconsin (WI)	N						
51. Wyoming (WY)	N						
52. American Samoa (AS)	N						
53. Guam (GU)	N						
54. Puerto Rico (PR)	N						
55. U.S. Virgin Islands (VI)	N						
56. Northern Mariana Islands (MP)	N						
57. Canada (CN)	N						
58. Aggregate other alien (OT)	X X X						
59. Totals	(a)	1	4,478,478	4,311,511	300,000		7,212,794
DETAILS OF WRITE-INS							
5801.	X X X						
5802.	X X X						
5803.	X X X						
5898. Summary of remaining write-ins for Line 58 from overflow page	X X X						
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X						

(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.

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

Q11

NONE

STATEMENT AS OF **September 30, 2011** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
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				
2. Allied lines				
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril				
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine				
10. Financial guaranty				
11.1 Medical professional liability - occurrence	170,893	57,250	33.501	33.499
11.2 Medical professional liability - claims made	4,214,551	1,219,999	28.947	29.852
12. Earthquake				
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation				
17.1 Other liability - occurrence				
17.2 Other liability - claims made				
17.3 Excess Workers' Compensation				
18.1 Products liability - occurrence				
18.2 Products liability - claims made				
19.1 19.2 Private passenger auto liability				
19.3 19.4 Commercial auto liability				
21. Auto physical damage				
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft				
27. Boiler and machinery				
28. Credit				
29. International				
30. Warranty				
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				
35. TOTALS	4,385,444	1,277,249	29.125	29.874
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date	
1. Fire				
2. Allied lines				
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril				
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine				
10. Financial guaranty				
11.1 Medical professional liability - occurrence	18,726	170,893	27,795	
11.2 Medical professional liability - claims made	1,636,808	4,307,585	4,283,716	
12. Earthquake				
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation				
17.1 Other liability - occurrence				
17.2 Other liability - claims made				
17.3 Excess Workers' Compensation				
18.1 Products liability - occurrence				
18.2 Products liability - claims made				
19.1 19.2 Private passenger auto liability				
19.3 19.4 Commercial auto liability				
21. Auto physical damage				
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft				
27. Boiler and machinery				
28. Credit				
29. International				
30. Warranty				
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				
35. TOTALS	1,655,534	4,478,478	4,311,511	
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)				

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 2011 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2011 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2011 Loss and LAE Payments (Cols. 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	9	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 Reserves Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2008 + Prior	302	1,077	1,379	212		212	264		803	1,067	174	(274)	(100)
2. 2009	2,082	1,250	3,332	691		691	1,414		1,077	2,491	23	(173)	(150)
3. Subtotals 2009 + Prior	2,384	2,327	4,711	903		903	1,678		1,880	3,558	197	(447)	(250)
4. 2010	1,722	2,062	3,784	661		661	1,435		1,688	3,123	374	(374)	
5. Subtotals 2010 + Prior	4,106	4,389	8,495	1,564		1,564	3,113		3,568	6,681	571	(821)	(250)
6. 2011	XXX	XXX	XXX	XXX		66	66	XXX	432	2,299	2,731	XXX	XXX
7. Totals	4,106	4,389	8,495	1,564		66	1,630	3,113	432	5,867	9,412	571	(821)
												Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7
8. Prior Year-End's Surplus As Regards Policyholders	12,044											1..... 13.907	2..... (18.706)
													3..... (2.943)
													Col. 13, Line 7 Line 8
													4..... (2.076)

Q13

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.

RESPONSES

1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?
4. Will the Director and Officer Supplement be filed with the state of domicile and the NAIC with this statement?

No
Yes
No
No

Explanations:

Bar Codes:

Trusted Surplus Statement



2011

Document Code: 490

Director and Officer Supplement



12233201150500003

2011

Document Code: 505

Medicare Part D Coverage Supplement



2011

Document Code: 365

STATEMENT AS OF **September 30, 2011** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
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
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Current year change in encumbrances
4. Total gain (loss) on disposals
5. Deduct amounts received on disposals
6. Total foreign exchange change in book/adjusted carrying value
7. Deduct current year's other than temporary impairment recognized
8. Deduct current year's depreciation
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)
10. Deduct total nonadmitted amounts
11. Statement value at end of current period (Line 9 minus Line 10)

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

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

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	22,574,708	21,544,299
2. Cost of bonds and stocks acquired	1,609,782	5,629,224
3. Accrual of discount	7,425	12,177
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	.....	147,467
6. Deduct consideration for bonds and stocks disposed of	1,017,438	4,658,317
7. Deduct amortization of premium	78,061	100,142
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other than temporary impairment recognized .....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	23,096,416	22,574,708
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11)	23,096,416	22,574,708

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	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. Class 1 (a)	22,420,949	990,647	290,956	(24,225)	22,450,824	22,420,949	23,096,416	22,574,708
2. Class 2 (a)
3. Class 3 (a)
4. Class 4 (a)
5. Class 5 (a)
6. Class 6 (a)
7. Total Bonds	22,420,949	990,647	290,956	(24,225)	22,450,824	22,420,949	23,096,416	22,574,708
PREFERRED STOCK								
8. Class 1
9. Class 2
10. Class 3
11. Class 4
12. Class 5
13. Class 6
14. Total Preferred Stock
15. Total Bonds & Preferred Stock	22,420,949	990,647	290,956	(24,225)	22,450,824	22,420,949	23,096,416	22,574,708

(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 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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. Totals	692,296	XXX		166	

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	274,418	137,415
2. Cost of short-term investments acquired	1,569,038	3,061,057
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	1,151,160	2,924,054
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	692,296	274,418
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	692,296	274,418

SI04 Schedule DB - Part A Verification **NONE**

SI04 Schedule DB - Part B Verification **NONE**

SI05 Schedule DB Part C Section 1 **NONE**

SI06 Schedule DB Part C Section 2 **NONE**

SI07 Schedule DB - Verification **NONE**

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	1,767,206	1,813,150
2. Cost of cash equivalents acquired	3,417,545	6,007,798
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	4,758,574	6,053,743
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	426,177	1,767,206
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	426,177	1,767,206

E01 Schedule A Part 2 **NONE**

E01 Schedule A Part 3 **NONE**

E02 Schedule B Part 2 **NONE**

E02 Schedule B Part 3 **NONE**

E03 Schedule BA Part 2 **NONE**

E03 Schedule BA Part 3 **NONE**

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. Governments									
31417YQQ3	Federal National Mortgage Association.		07/25/2011	Nomura Securities International	XXX	463,748	435,379.91	1,469	1FE
31416XBP4	Federal National Mortgage Association.		08/18/2011	Banc/America Sec LLC Montgomery	XXX	526,900	503,269.46	1,230	1FE
0599999	Subtotal - Bonds - U.S. Governments				XXX	990,647	938,649.37	2,700	XXX
8399997	Subtotal - Bonds - Part 3				XXX	990,647	938,649.37	2,700	XXX
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
8399999	Subtotal - Bonds				XXX	990,647	938,649.37	2,700	XXX
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
9899999	Subtotal - Preferred and Common Stocks				XXX		XXX		XXX
9999999	Total - Bonds, Preferred and Common Stocks				XXX	990,647	XXX	2,700	XXX

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

SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i n g	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date	22 NAIC Designation or Market Indicator (a)		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.									
Bonds - U.S. Governments																							
31403DJR1	Federal National Association. Pool	.....	09/26/2011	Called	XXX	17,094	17,093.76	17,094	17,094							17,094					06/01/2036	1FE
31410FUZ6	Federal National Association. Pool	.....	09/26/2011	Called	XXX	23,282	23,281.55	23,282	23,282							23,282					09/01/2036	1FE
31402RP29	Federal National Association. Pool	.....	09/26/2011	Called	XXX	37,772	37,771.56	37,772	37,772							37,772					11/01/2019	1FE
31416BTH1	Federal National Association. Pool	.....	09/26/2011	Called	XXX	9,907	9,907.45	9,907	9,907							9,907					12/01/2023	1FE
31412P6K2	Federal National Association. Pool	.....	09/26/2011	Called	XXX	12,467	12,466.66	12,467	12,467							12,467					02/01/2035	1FE
31408EXV9	Federal National Association. Pool	.....	09/26/2011	Called	XXX	35,104	35,104.14	35,104	35,104							35,104					12/01/2035	1FE
31410G4H3	Federal National Association. Pool	.....	09/26/2011	Called	XXX	15,480	15,479.75	15,480	15,480							15,480					01/01/2037	1FE
31403C6L0	Federal National Association. Pool	.....	09/26/2011	Called	XXX	18,319	18,319.18	18,319	18,319							18,319					02/01/2036	1FE
31403DQG7	Federal National Association. Pool	.....	09/26/2011	Called	XXX	23,144	23,144.14	23,144	23,144							23,144					12/01/2035	1FE
31403DWU9	Federal National Association. Pool	.....	09/26/2011	Called	XXX	20,425	20,424.76	20,425	20,425							20,425					11/01/2036	1FE
31416XBP4	Federal National Association. Pool	.....	09/26/2011	Called	XXX	1,812	1,812.28	1,812	1,812							1,812					11/01/2040	1FE
31417YQQ3	Federal National Association. Pool	.....	09/26/2011	Called	XXX	12,585	12,585.36	12,585	12,585							12,585					07/01/2025	1FE
31418VUT7	Federal National Association. Pool	.....	09/26/2011	Called	XXX	20,842	20,842.05	20,842	20,842							20,842					07/01/2040	1FE
0599999 Subtotal - Bonds - U.S. Governments					XXX	248,233	248,232.84	248,233	248,233							248,233					XXX	XXX	
Bonds - Industrial and Miscellaneous (Unaffiliated)																							
43812BAG8	Honda Auto RCVBLS	.....			XXX	42,723	42,722.76	42,723	42,723							42,723					10/21/2013	1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	42,723	42,722.76	42,723	42,723							42,723					XXX	XXX	
8399997 Subtotal - Bonds - Part 4					XXX	290,956	290,955.60	290,956	290,956							290,956					XXX	XXX	
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX							XXX	XXX	XXX	XXX		XXX	XXX	
8399999 Subtotal - Bonds					XXX	290,956	290,955.60	290,956	290,956							290,956					XXX	XXX	
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX							XXX	XXX	XXX	XXX		XXX	XXX	
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX							XXX	XXX	XXX	XXX		XXX	XXX	
9899999 Subtotal - Preferred and Common Stocks					XXX	XXX	XXX	XXX	XXX												XXX	XXX	
9999999 Total - Bonds, Preferred and Common Stocks					XXX	290,956	XXX	290,956	290,956								290,956					XXX	XXX

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

QE05

E06 Schedule DB Part A Section 1 **NONE**

E07 Schedule DB Part B Section 1 **NONE**

E08 Schedule DB Part D **NONE**

E09 Schedule DL - Part 1 - Securities Lending Collateral Assets **NONE**

E10 Schedule DL - Part 2 - Securities Lending Collateral Assets **NONE**

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									
PNC Bank						(99,064)	471,583	(176,218)	XXX
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - open depositories		XXX	XXX ..						XXX
0199999 Totals - Open Depositories		XXX	XXX ..			(99,064)	471,583	(176,218)	XXX
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - suspended depositories		XXX	XXX ..						XXX
0299999 Totals - Suspended Depositories		XXX	XXX ..						XXX
0399999 Total Cash On Deposit		XXX	XXX ..			(99,064)	471,583	(176,218)	XXX
0499999 Cash in Company's Office		XXX	XXX ..	XXX ..	XXX ..				XXX
0599999 Total Cash		XXX	XXX ..			(99,064)	471,583	(176,218)	XXX

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
8399999 Subtotals - Bonds							
Sweep Accounts							
PNC Premium Business Money Market			0.000		426,177		1,621
8499999 Sweep Accounts					426,177		1,621
8599999 Other Cash Equivalents							
8699999 Total - Cash Equivalents					426,177		1,621



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2011

Document Code: 455

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

Physicians, including surgeons and osteopaths

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)	4,478,478	4,385,444	300,000	2	1,277,249	3,151,000	42	4,061,794
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 (CN)								
58. Aggregate other alien (OT)								
59. Totals	4,478,478	4,385,444	300,000	2	1,277,249	3,151,000	42	4,061,794
DETAILS OF WRITE-INS								
5801.								
5802.								
5803.								
5898. Summary of remaining write-ins for Line 58 from overflow page								
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)								

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