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ANNUAL STATEMENT
For the Year Ended December 31, 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 Plantation, FL 33324-4402 (Street and Number) (City or Town, State and Zip Code)		1250 South Pine Island Road, Suite 300 (Street and Number) (866)484-5715 (Area Code) (Telephone Number)			
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 Plantation, FL 33324-4402 (Street and Number) (City or Town, State and Zip Code)		1250 South Pine Island Road, Suite 300 (Street and Number) (866)484-5715 (Area Code) (Telephone Number)			
Internet Website Address	www.hugroupoh.com					
Statutory Statement Contact	Thomas William Mueller (Name) tmueller@HUGroups.com (E-Mail Address)		(866)484-5716 (Area Code)(Telephone Number)(Extension) (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	VP-CFO & Assistant Treasurer
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 & Marketing Officer
Thomas William Mueller CPA, VP Finance & Controller

David Wayne McKenney, Regional VP-Claims
Susan Elaine Salman, Assistant Secretary #

DIRECTORS OR TRUSTEES

Gary Birnbaum MD, JD
Howard Irwin Dickey-White MD
Steven Lee Salman JD
John Michael Surso MD
Thayne Robert Alred MD #

Christopher Boshkos MD
Joseph Richard Hellmann MD
Darrel Joseph Scott JD
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)

Subscribed and sworn to before me this
day of . 2012

- 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 Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	23,323,415		23,323,415	22,574,708
2. Stocks (Schedule D)				
2.1 Preferred stocks				
2.2 Common Stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
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 (\$.....(13,595) Schedule E Part 1), cash equivalents (\$.....699,740 Schedule E Part 2) and short-term investments (\$.....1,012,545 Schedule DA)	1,698,690		1,698,690	1,987,852
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	25,022,105		25,022,105	24,562,560
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	207,341		207,341	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	178,891		178,891	
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				337,714
18.2 Net deferred tax asset	841,710	142,412	699,298	636,901
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	44,326	44,326		
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	671,809	671,809		0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	26,966,182	858,547	26,107,635	25,763,131
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	26,966,182	858,547	26,107,635	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	660,066	660,066		
2502. Other Prepaid Expenses	11,743	11,743		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)	671,809	671,809		0

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)		5,065,529	5,070,031
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)			
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)		3,837,029	3,425,552
4. Commissions payable, contingent commissions and other similar charges		35,860	23,796
5. Other expenses (excluding taxes, licenses and fees)		165,201	154,864
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		86,350	84,551
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses))		258,324	
7.2 Net deferred tax liability			
8. Borrowed money \$.....0 and interest thereon \$.....0			
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....392,882 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act)		2,677,153	2,669,498
10. Advance premiums		838,608	1,017,099
11. Dividends declared and unpaid:			
11.1 Stockholders			
11.2 Policyholders			
12. Ceded reinsurance premiums payable (net of ceding commissions)			341,586
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)			
14. Amounts withheld or retained by company for account of others			
15. Remittances and items not allocated			
16. Provision for reinsurance (Schedule F, Part 7)			
17. Net adjustments in assets and liabilities due to foreign exchange rates			
18. Drafts outstanding			
19. Payable to parent, subsidiaries and affiliates		91,853	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)		13,055,907	13,719,230
27. Protected cell liabilities			
28. TOTAL Liabilities (Lines 26 and 27)		13,055,907	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		10,826,320	10,371,584
35. Unassigned funds (surplus)		2,225,408	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, minus 36) (Page 4, Line 39)		13,051,728	12,043,901
38. TOTALS (Page 2, Line 28, Column 3)		26,107,635	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)			

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
STATEMENT OF INCOME

		1 Current Year	2 Prior Year
UNDERWRITING INCOME			
1.	Premiums earned (Part 1, Line 35, Column 4)	5,891,025	5,520,287
DEDUCTIONS			
2.	Losses incurred (Part 2, Line 35, Column 7)	445,498	1,749,675
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	1,931,722	929,447
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)	2,459,993	2,596,299
5.	Aggregate write-ins for underwriting deductions		
6.	TOTAL Underwriting Deductions (Lines 2 through 5)	4,837,213	5,275,421
7.	Net income of protected cells		
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7)	1,053,812	244,866
INVESTMENT INCOME			
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	771,521	808,836
10.	Net realized capital gains (losses) less capital gains tax of \$.....21,156 (Exhibit of Capital Gains (Losses))	41,069	97,328
11.	Net investment gain or (loss) (Lines 9 + 10)	812,590	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)	1,866,402	1,151,031
17.	Dividends to policyholders	1,000,000	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)	866,402	151,031
19.	Federal and foreign income taxes incurred	405,835	(211,679)
20.	Net income (Line 18 minus Line 19) (to Line 22)	460,568	362,710
CAPITAL AND SURPLUS ACCOUNT			
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	12,043,901	11,066,384
22.	Net income (from Line 20)	460,568	362,710
23.	Net transfers (to) 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	93,971	(236,989)
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets Line 28, Column 3)	(1,448)	310,028
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
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	454,736	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 (Page 3, Line 36.1 and 36.2, Column 2 minus Column 1)		
37.	Aggregate write-ins for gains and losses in surplus		
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)	1,007,826	977,517
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	13,051,728	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) (Lines 37 above)		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
CASH FLOW

		1 Current Year	2 Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	5,378,603	5,120,078
2.	Net investment income	864,853	876,038
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	6,243,456	5,996,116
5.	Benefit and loss related payments	429,330	523,170
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	4,129,611	3,443,806
8.	Dividends paid to policyholders	1,000,000	1,000,000
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	(169,046)	364,999
10.	Total (Lines 5 through 9)	5,389,895	5,331,975
11.	Net cash from operations (Line 4 minus Line 10)	853,561	664,141
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	2,274,440	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)	2,274,440	4,658,317
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	3,056,309	5,629,224
13.2	Stocks		
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications	0	0
13.7	Total investments acquired (Lines 13.1 to 13.6)	3,056,309	5,629,224
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(781,869)	(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	454,736	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)	(815,590)	(203,858)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(360,854)	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)	(289,162)	31,144
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	1,987,852	1,956,708
19.2	End of year (Line 18 plus Line 19.1)	1,698,690	1,987,852

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

20.0001		
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UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written Per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year - per Column 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year - per Column 5, Part 1A	4 Premiums Earned During Year (Columns 1 + 2 - 3)
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	247,062			247,062
11.2 Medical professional liability - claims-made	5,651,618	2,669,498	2,677,153	5,643,963
12. Earthquake				
13. Group accident and health				
14. Credit accident and health (group and individual)				
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				
32. Reinsurance-Nonproportional Assumed Liability				
33. Reinsurance-Nonproportional Assumed Financial Lines				
34. Aggregate write-ins for other lines of business				
35. TOTALS	5,898,680	2,669,498	2,677,153	5,891,025
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)				

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less From Date of Policy) (a)	2 Amount Unearned (Running More Than One Year From Date of Policy) (a)	3 Earned But Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve For Unearned Premiums Columns 1 + 2 + 3 + 4
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
11.2 Medical professional liability - claims-made	2,377,153	300,000	.....	.....	2,677,153
12. Earthquake
13. Group accident and health
14. Credit accident and health (group and individual)
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
32. Reinsurance-Nonproportional Assumed Liability
33. Reinsurance-Nonproportional Assumed Financial Lines
34. Aggregate write-ins for other lines of business
35. TOTALS	2,377,153	300,000	.....	.....	2,677,153
36. Accrued retrospective premiums based on experience
37. Earned but unbilled premiums
38. Balance (Line 35 through Line 37)	2,677,153
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)

(a) State here basis of computation used in each case: Daily method by policy.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Columns 1+2+3-4-5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
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	287,281				40,219	247,062
11.2 Medical professional liability - claims-made	5,880,539				228,921	5,651,618
12. Earthquake						
13. Group accident and health						
14. Credit accident and health (group and individual)						
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					
32. Reinsurance-Nonproportional Assumed Liability	XXX					
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX					
34. Aggregate write-ins for other lines of business						
35. TOTALS	6,167,820				269,140	5,898,680

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)						

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes[] No[X]

If yes, (1) The amount of such installment premiums \$.....0.

(2) Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.....0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Column 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Columns 4 + 5 - 6)	8 Percentage of Losses Incurred (Column 7, Part 2) to Premiums Earned (Column 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Columns 1 + 2 - 3)				
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								
11.2 Medical professional liability - claims-made	450,000				450,000	4,916,804	5,008,072	358,732 6.36
12. Earthquake								
13. Group accident and health								
14. Credit accident and health (group and individual)								
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							
32. Reinsurance-Nonproportional Assumed Liability	XXX							
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX							
34. Aggregate write-ins for other lines of business								
35. TOTALS	450,000				450,000	5,065,529	5,070,031	445,498 7.56
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)								

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	4 Net Losses Excluding Incurred But Not Reported (Columns 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
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									
11.2 Medical professional liability - claims-made	3,266,000		367,500	2,898,500	155,167			6,442	148,725
12. Earthquake								542,469	4,916,804
13. Group accident & health									(a)
14. Credit accident & health (group & individual)									
15. Other accident & health									(a)
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	X X X				X X X				
32. Reinsurance-Nonproportional Assumed Liability	X X X				X X X				
33. Reinsurance-Nonproportional Assumed Financial Lines	X X X				X X X				
34. Aggregate write-ins for other lines of business									
35. TOTALS	3,266,000		367,500	2,898,500	2,715,940			548,911	5,065,529
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)									

(a) Including \$.....0 for present value of life indemnity claims.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct	1,756,395			1,756,395
1.2 Reinsurance assumed				
1.3 Reinsurance ceded	101,897			101,897
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	1,654,498			1,654,498
2. Commission and brokerage:				
2.1 Direct, excluding contingent		406,495		406,495
2.2 Reinsurance assumed, excluding contingent				
2.3 Reinsurance ceded, excluding contingent				
2.4 Contingent - direct				
2.5 Contingent - reinsurance assumed				
2.6 Contingent - reinsurance ceded				
2.7 Policy and membership fees				
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)		406,495		406,495
3. Allowances to manager and agents				
4. Advertising		13,941		13,941
5. Boards, bureaus and associations		8,333		8,333
6. Surveys and underwriting reports		34,303		34,303
7. Audit of assureds' records				
8. Salary and related items:				
8.1 Salaries	209,273	1,246,132	11,552	1,466,957
8.2 Payroll taxes	24,620	146,604	1,359	172,583
9. Employee relations and welfare	12,310	73,302	680	86,292
10. Insurance	2,140	35,112		37,252
11. Directors' fees		57,037	6,338	63,375
12. Travel and travel items	1,333	28,029		29,362
13. Rent and rent items	15,341	60,415	1,233	76,989
14. Equipment	1,694			1,694
15. Cost or depreciation of EDP equipment and software	1,798	31,937		33,735
16. Printing and stationery	3,322	10,808		14,130
17. Postage, telephone and telegraph, exchange and express	5,393	23,831		29,224
18. Legal and auditing		133,753	52,077	185,830
19. TOTALS (Lines 3 to 18)	277,224	1,903,537	73,239	2,254,000
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0		86,350		86,350
20.2 Insurance department licenses and fees		27,162		27,162
20.3 Gross guaranty association assessments		9,996		9,996
20.4 All other (excluding federal and foreign income and real estate)				
20.5 TOTAL taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		123,508		123,508
21. Real estate expenses				
22. Real estate taxes				
23. Reimbursements by uninsured plans				
24. Aggregate write-ins for miscellaneous expenses		26,452		26,452
25. TOTAL expenses incurred	1,931,722	2,459,993	73,239	(a) 4,464,954
26. Less unpaid expenses - current year	3,837,029	287,411		4,124,440
27. Add unpaid expenses - prior year	3,425,552	263,211		3,688,763
28. Amounts receivable relating to uninsured plans, prior year				
29. Amounts receivable relating to uninsured plans, current year				
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	1,520,245	2,435,793	73,239	4,029,277

DETAILS OF WRITE-INS

2401. Miscellaneous		26,452		26,452
2402.				
2403.				
2498. Summary of remaining write-ins for Line 24 from overflow page				
2499. TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)		26,452		26,452

(a) Includes management fees of \$.....1,209,415 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	400,319	366,109
1.1 Bonds exempt from U.S. tax	(a)		
1.2 Other bonds (unaffiliated)	(a)	529,763	476,481
1.3 Bonds of affiliates	(a)		
2.1 Preferred stocks (unaffiliated)	(b)		
2.11 Preferred stocks of affiliates	(b)		
2.2 Common stocks (unaffiliated)			
2.21 Common stocks of affiliates			
3. Mortgage loans	(c)		
4. Real estate	(d)		
5. Contract loans			
6. Cash, cash equivalents and short-term investments	(e)	2,170	2,170
7. Derivative instruments	(f)		
8. Other invested assets			
9. Aggregate write-ins for investment income			
10. Total gross investment income		932,252	844,760
11. Investment expenses	(g)	73,239	
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)		
13. Interest expense	(h)		
14. Depreciation on real estate and other invested assets	(i)		
15. Aggregate write-ins for deductions from investment income			
16. Total deductions (Lines 11 through 15)			73,239
17. Net Investment income (Line 10 minus Line 16)			771,521

DETAILS OF WRITE-INS

0901.			
0902.			
0903.			
0998. Summary of remaining write-ins for Line 9 from overflow page			
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)			
1501.			
1502.			
1503.			
1598. Summary of remaining write-ins for Line 15 from overflow page			
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15, above)			

(a) Includes \$.....9,939 accrual of discount less \$.....105,326 amortization of premium and less \$.....3,359 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)	62,225		62,225		
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)	62,225		62,225		

DETAILS OF WRITE-INS

0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page				
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)				

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	.....	.....	.....
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.....	.....	.....
2.2 Common stocks .....	.....	.....	.....
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.....	.....	.....
3.2 Other than first liens .....	.....	.....	.....
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.....	.....	.....
4.2 Properties held for the production of income .....	.....	.....	.....
4.3 Properties held for sale .....	.....	.....	.....
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....	.....	.....	.....
6. Contract loans .....	.....	.....	.....
7. Derivatives (Schedule DB) .....	.....	.....	.....
8. Other invested assets (Schedule BA) .....	.....	.....	.....
9. Receivables for securities .....	.....	.....	.....
10. Securities lending reinvested collateral assets (Schedule DL) .....	.....	.....	.....
11. Aggregate write-ins for invested assets .....	.....	.....	.....
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.....	.....	.....
13. Title plants (for Title insurers only) .....	.....	.....	.....
14. Invested income due and accrued .....	.....	.....	.....
15. Premium 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 .....	.....	.....	.....
15.3 Accrued retrospective premiums .....	.....	.....	.....
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.....	.....	.....
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 .....	.....	.....	.....
18.2 Net deferred tax asset	142,412	110,837	(31,575)
19. Guaranty funds receivable or on deposit	44,326	69,135	24,809
20. Electronic data processing equipment and software .....	.....	.....	.....
21. Furniture and equipment, including health care delivery assets .....	.....	.....	.....
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.....	.....	.....
23. Receivables from parent, subsidiaries and affiliates .....	.....	.....	.....
24. Health care and other amounts receivable .....	.....	.....	.....
25. Aggregate write-ins for other than invested assets	671,809	677,127	5,318
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	858,547	857,099	(1,448)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.....	.....	.....
28. Total (Lines 26 and 27)	858,547	857,099	(1,448)
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	660,066	666,429	6,363
2502. Other Prepaid Expenses	11,743	10,698	(1,045)
2503. .....	.....	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.....	.....	.....
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	671,809	677,127	5,318

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. Accounting Practices

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.

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums written directly, net of premiums ceded pursuant to reinsurance agreements, are earned ratably over the terms of the underlying policies. Premiums written, net of reinsurance ceded, relating to the unexpired portion of policies in-force at the balance sheet date are recorded as unearned premiums. Unearned premiums include a provision for death, disability and retirement reserves, which is accrued based on management's estimate of future earned free tail policies.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) The Company has no investments in common stocks.
- (4) The Company has no investments in preferred stocks.
- (5) The Company has no mortgage loans on real estate.
- (6) The Company has no loan-backed securities.
- (7) The Company has no investments in subsidiaries, controlled and affiliated companies.
- (8) The Company has no investments in joint ventures, partnerships and limited liability companies.
- (9) The Company has no derivatives.
- (10) The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property-Casualty Contracts - Premiums.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience and actuarial input, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company's capitalization policy has not changed from the prior period.
- (13) The Company has no pharmaceutical rebate receivables.

2. Accounting Changes and Corrections of Errors

There were no accounting changes and corrections of errors during 2011.

3. Business Combinations and Goodwill

There have been no business combinations.

4. Discontinued Operations

There are no discontinued operations.

5. Investments

- A. The Company has no mortgage loans.
- B. The Company has no restructured debt.
- C. The Company has no reverse mortgages.
- D. The Company has no loan-backed securities.
- E. The Company has no repurchase agreements.
- F. The Company has no investments in real estate.
- G. The Company has no investments in low-income housing.

6. Joint Ventures, Partnerships and Limited Liability Companies

The Company has no investments in joint ventures, partnerships or limited liability companies.

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
Notes to Financial Statements

7. Investment Income

No investment income due and accrued was excluded from surplus.

8. Derivative Instruments

The Company has no derivative investments.

9. Income Taxes

A. The components of the net deferred tax asset at December 31 are as follows:

	12/31/2011			12/31/2010			Change		
	Ordinary	Capital	Total	Ordinary	Cap	Total	Ordinary	Cap	Total
1.									
A. Gross Deferred Tax Assets	\$ 880,604	---	\$880,604	\$818,146	---	\$818,146	\$ 62,458	---	\$ 62,458
B. Statutory Valuation Allowance Adjust.	---	---	---	---	---	---	---	---	---
C. Adjusted Gross Deferred Tax Assets	880,604	---	880,604	818,146	---	818,146	62,458	---	62,458
D. Deferred Tax Liabilities	(38,894)	---	(38,894)	(70,408)	---	(70,408)	31,514	---	31,514
E. Subtotal (Net Deferred Tax Assets)	841,710	---	841,710	747,738	---	747,738	93,972	---	93,972
F. Deferred Tax Assets Nonadmitted	(142,412)	---	(142,412)	(110,837)	---	(110,837)	(31,575)	---	(31,575)
G. Net Admitted Deferred Tax Assets (1E – 1F)	\$ 699,298	---	\$ 699,298	\$ 636,901	---	\$ 636,901	\$ 62,397	---	\$ 62,397
2. Not applicable.									
3. Not applicable.									
4. Admission Calculation Components	12/31/2011			12/31/2010			Change		
SSAP No. 10R, Par 10 a, 10 b and 10 c:	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
A. SSAP No. 10R, Paragraph 10 a	\$ 426,991	---	\$ 426,991	\$ 400,566	---	\$ 400,566	\$ 26,425	---	\$ 26,425
B. SSAP No. 10R, Paragraph 10 b	272,307	---	272,307	236,335	---	236,335	35,972	---	35,972
C. SSAP No. 10R, Paragraph 10 b i	272,307	---	272,307	236,335	---	236,335	35,972	---	35,972
D. SSAP No. 10R, Paragraph 10 b ii	1,209,667	---	1,209,667	1,204,390	---	1,204,390	5,277	---	5,277
E. SSAP No. 10R, Paragraph 10 c	38,894	---	38,894	70,408	---	70,408	(31,514)	---	(31,514)
F. Total (4A + 4B + 4E)	\$738,192	---	\$738,192	\$707,309	---	\$707,309	\$ 30,883	---	\$ 30,883
	12/31/2011			12/31/2010			Change		
5. SSAP No. 10R, Par 10 a, 10 b, and 10 c:	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
A. Admitted Deferred Tax Assets	\$ 699,298	---	\$ 699,298	\$ 636,901	---	\$ 636,901	\$ 62,397	---	\$ 62,397
B. Admitted Assets	26,107,635	---	26,107,635	25,763,131	---	25,763,131	344,504	---	344,504
C. Adjusted Statutory Surplus	13,051,728	---	13,051,728	12,043,901	---	12,043,901	1,007,827	---	1,007,827
D. Total Adjusted Capital from DTA's	13,051,728	---	13,051,728	12,043,901	---	12,043,901	1,007,827	---	1,007,827
Increases due to SSAP No. 10R, Par 10 e									
E. Admitted Deferred Tax Assets	---	---	---	---	---	---	---	---	---
F. Admitted Assets	---	---	---	---	---	---	---	---	---
G. Statutory Surplus	---	---	---	---	---	---	---	---	---
B. Not applicable									

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
Notes to Financial Statements

C. Current income taxes incurred consist of the following major components:

	12/31/2011	12/31/2010	Change
9C1. Current Income Tax			
9C1A. Federal	\$ 426,991	\$ (161,540)	\$ 588,531
9C1B. Foreign	---	---	---
9C1C. Subtotal	426,991	(161,540)	588,531
9C1D. Federal income tax on net capital gains	(21,156)	(50,139)	28,983
9C1E. Utilization of capital loss carry-forwards	---	---	---
9C1F. Other	---	---	---
9C1G. Federal income taxes incurred	405,835	(211,679)	617,514

2. Deferred Tax Assets:

A. Ordinary

1. Discounting of unpaid losses	259,017	292,330	(33,313)
2. Prepaid management fees	224,422	226,586	(2,164)
3. Unearned premium reserve	182,047	181,526	521
4. Advance premiums	57,025	69,163	(12,138)
5. Fixed assets	15,071	23,506	(8,435)
6. Other	143,022	25,035	117,987
99. Subtotal	880,604	818,146	62,458

B. Statutory valuation allowance adjustment

C. Nonadmitted

D. Admitted deferred tax assets (2A99 – 2B – 2C)

3. Deferred Tax Liabilities:

A. Ordinary

1. Deferred acquisition costs	(23,823)	(46,902)	23,079
2. Fixed assets	(15,071)	(23,506)	8,435
99. Deferred tax liabilities	(38,894)	(70,408)	31,514
4. Net deferred tax assets/liabilities (2D – 3A 99)	\$ 699,298	\$ 636,901	\$ 62,397

D. Not applicable.

E. Not applicable.

F. Not applicable.

10. Information Concerning Parent, Subsidiaries and Affiliates

The day-to-day operations of the Company are managed by a management company, Global Insurance Management Company of Ohio, L.L.C. (GIMC). Under a multiple year management agreement, GIMC is compensated for its services based on a percentage of the Company's gross written premium. During 2011, the Company paid \$1,425,090 in management fees to GIMC. Additionally, as an incentive to manage to a profitable loss ratio, GIMC is eligible to receive a bonus if a better than anticipated loss ratio and certain operating income levels are achieved. At December 31, 2011 and 2010, the Company had accrued \$557,425 and \$1,368,390 in incentive bonuses payable to GIMC, respectively. During 2011 and 2010, the Company paid \$1,368,390 and \$839,926 in incentive bonuses, respectively.

11. Debt

Not applicable.

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

Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
Notes to Financial Statements

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

- (1) The Company is organized as a non-assessable mutual company and therefore, has no capital stock. The Company's policyholders are its owners. Each policyholder is required to make a one-time capital contribution equivalent to one (1) year's premium based upon a mature (fifth) year claims made rate. The policyholders form a Board of Directors that is responsible for supervising the mutual.
- (2) The Company has no preferred stock outstanding.
- (3), (4) & (5) Under Ohio insurance statutes, dividends can only be paid from net realized savings and net realized earnings which are in excess of the Company's minimum required surplus as determined on a statutory basis. No dividend may be paid without providing notice to the Ohio Department of Insurance (ODI) and giving the ODI 30 days to disapprove such dividend. An ordinary dividend in the amount of \$1,000,000 was declared and paid by the Company on November 8, 2011 after providing the ODI with appropriate notice. An ordinary dividend in the amount of \$1,000,000 was declared and paid by the Company on October 26, 2010 after providing the ODI with appropriate notice.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) There were no advances to surplus not repaid.
- (8) The amount of stock withheld by the Company for special purposes - Not applicable.
- (9) The Company has no changes in the balances of any special surplus funds from the prior year.
- (10) Unassigned funds (surplus) is not represented or reduced by unrealized gains and losses, separate account business, asset valuation reserves or provision for reinsurance.
- (11) Surplus Notes - None.
- (12) & (13) Quasi-reorganizations - Not applicable.

14. Contingencies

- (A) Contingent Commitments - The Company had no material contingent liabilities during 2011.
- (B) Assessments - The Company had no assessments that could have a material financial effect during 2011.
- (C) Gain Contingencies - The Company had no gain contingencies during 2011.
- (D) Claims related extra contractual obligation and bad faith losses stemming from lawsuits. - The Company made no payments during 2011.
- (E) Product warranties – The Company has no product warranties.
- (F) All Other contingencies -The Company had no other contingencies during 2011.

15. Leases - The Company has no leases.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations 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 Agent/Third Party Administrators – None

20. Fair Value Measurements – Not Applicable

21. Other Items – None

22. Events Subsequent – None

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
Notes to Financial Statements

23. Reinsurance - Losses and a pro rata share of allocated loss adjustment expenses on such losses are reinsured under an excess of loss reinsurance contract. The Company reinsures all risks in excess of its initial \$250,000 retention up to \$1,000,000 through a primary excess of loss contract. The Company's recovery of losses from reinsurers is limited to 325% of the maximum reinsurance premiums paid or payable per reinsurance contract period. The ultimate reinsurance premiums paid by the Company on the primary excess of loss contract are based on 102.5% of cumulative losses and loss adjustment expenses paid and reserved under the contracts plus a percentage of written premiums, subject to certain minimum and maximum limitations. The Company expenses reinsurance premiums based on its estimate of ultimate reinsurance premiums to be paid. Estimates of ultimate reinsurance premiums to be paid are continually reviewed by management and updated, with any resulting adjustment reflected in current operating results. The Company is a 10% participant in the primary layer of the excess of loss reinsurance contract. Losses in excess of \$1,000,000 up to \$2,000,000 are reinsured under a fixed cost reinsurance contract.

(A) Unsecured Reinsurance Recoverables - None
(B) Reinsurance Recoverable in Dispute - None
(C) Reinsurance Assumed and Ceded - No return commission would be due reinsurers if the Company's reinsurance was canceled.
(D) Uncollectible Reinsurance - None
(E) Commutation of Ceded Reinsurance - None
(F) Retroactive Reinsurance - None
(G) Reinsurance Accounted for as a Deposit – None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination - Not Applicable

25. Change in Incurred Losses – Net reserves for losses and loss adjustment expenses as of December 31, 2011 related to insured events of prior years decreased \$1,625,000 as a result of re-estimation of unpaid claims for the loss years 2007 and 2010 because the Company has reduced its estimates of claims frequency and severity related to those years. Based on recent internal and industry claims data, management believes claims frequency and severity for those earlier years will be less than was actuarially projected and that claims severity (i.e. the average size of a claim) is increasing at a rate slower than was estimated when reserves for those years were established. No return premiums have been accrued as a result of the prior-year effects.

26. Intercompany Pooling Arrangements- Not Applicable

27. Structured Settlements - Not Applicable

28. Health Care Receivables - Not Applicable

29. Participating Policies - Not Applicable

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$ 0
2. Date of the most recent evaluation of this liability	12/31/2011
3. Was anticipated investment income utilized in the calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

31. High Deductibles - Not Applicable

32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses - Not Applicable

33. Asbestos/Environmental Reserves - Not Applicable

34. Subscriber Savings Account - Not Applicable

35. Multiple Peril Crop Insurance - Not Applicable

36. Financial Guaranty Insurance – Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 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 [] No [X]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A [X]

1.3 State Regulating?

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 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2008

3.2 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

3.3 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

3.4 By what department or departments? Ohio Department of Insurance

3.5 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]

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? Yes [X] No []

4.12 renewals? Yes [X] No []

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.21 sales of new business? Yes [] No [X]

4.22 renewals? Yes [] No [X]

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

5.2 If yes, provide the name of the 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
.....

6.1 Has the 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]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes, 7.21 State the percentage of foreign control 0.000%
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity
.....

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 the names and location (city and state of the main office) of any affiliates regulated by a federal financial 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
..... <input type="checkbox"/> Yes [] <input checked="" type="checkbox"/> No [X] <input type="checkbox"/> Yes [] <input checked="" type="checkbox"/> No [X] <input type="checkbox"/> Yes [] <input checked="" type="checkbox"/> No [X] <input type="checkbox"/> Yes [] <input checked="" type="checkbox"/> No [X] <input type="checkbox"/> Yes [] <input checked="" type="checkbox"/> No [X]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Johnson Lambert & Co., 7000 Central Parkway, N.E., Suite 1225, Atlanta, GA 30328

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If response to 10.1 is "yes," provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If response to 10.3 is "yes," provide information related to this exemption: 0

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the answer to 10.5 is "NO" or "N/A" please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? Orin Linden, Ph.D, FCAS, MAAA, ARM,actuary with Towers Watson Risk & Financial Services, 335 Madison Avenue, New York, NY 10017

GENERAL INTERROGATORIES (Continued)

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X] \$ 0

12.11 Name of real estate holding company
12.12 Number of parcels involved
12.13 Total book/adjusted carrying value

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? Yes [] No [] N/A [X]

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No [] N/A [X]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [] N/A [X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]

14.1 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.

14.11 If the response to 14.1 is no, please explain:

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s). Yes [] No [X]

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

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). Yes [] No [X]

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance with a NAIC rating of 3 or below? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered. Yes [] No [X]

	1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
15.2001

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): \$ 0

20.11 To directors or other officers
20.12 To stockholders not officers
20.13 Trustees, supreme or grand (Fraternal only)

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans): \$ 0

20.21 To directors or other officers
20.22 To stockholders not officers
20.23 Trustees, supreme or grand (Fraternal only)

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year: \$ 0

21.21 Rented from others
21.22 Borrowed from others
21.23 Leased from others
21.24 Other

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment
22.22 Amount paid as expenses
22.23 Other amounts paid

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

24.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.3) Yes [X] No []

24.2 If no, give full and complete information, relating thereto:

24.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet, (an alternative is to reference Note 17 where this information is also provided)

24.4 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

24.5 If answer to 24.4 is yes, report amount of collateral for conforming programs.

24.6 If answer to 24.4 is no, report amount of collateral for other programs.

24.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

24.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

24.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES (Continued)

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.3).

Yes[] No[X]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$	0
25.22 Subject to reverse repurchase agreements	\$	0
25.23 Subject to dollar repurchase agreements	\$	0
25.24 Subject to reverse dollar repurchase agreements	\$	0
25.25 Pledged as collateral	\$	0
25.26 Placed under option agreements	\$	0
25.27 Letter stock or securities restricted as to sale	\$	0
25.28 On deposit with state or other regulatory body	\$	0
25.29 Other	\$	0

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[] No[X]

26.2 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]

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes[] No[X]

27.2 If yes, state the amount thereof at December 31 of the current year.

\$ 0

28. 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 I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

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

1 Name of Custodian(s)	2 Custodian's Address
PNC Institutional Investments	1900 E 9th Street, Cleveland, OH 44114

28.02 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)
.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes[] No[X]

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

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

28.05 Identify all investment advisers, 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 Number(s)	2 Name	3 Address
129052	PNC Financial Services Group	1900 E 9th Street, Cleveland, OH 44114

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

Yes[] No[X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 Total

29.3 For each mutual fund listed in the table above, complete the following schedule:

GENERAL INTERROGATORIES (Continued)

1	2	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund		

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	23,323,415	24,432,294	1,108,879
30.2 Preferred stocks			
30.3 Totals	23,323,415	24,432,294	1,108,879

30.4 Describe the sources or methods utilized in determining the fair values
Custodian Statements

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[]
31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[X] No[] N/A[]
31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes[X] No[]
32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$ 8,333
33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Demotech, Inc.	8,333

34.1 Amount of payments for legal expenses, if any? \$ 0
34.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$ 15,000
35.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies officers or department of government during the period covered by this statement.

1 Name	2 Amount Paid
Carpenter & Lipps, LLC	15,000

GENERAL INTERROGATORIES (Continued)

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes[] No[X]
1.2 If yes, indicate premium earned on U.S. business only.	\$..... 0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$..... 0
1.31 Reason for excluding:	
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$..... 0
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$..... 0
1.6 Individual policies	
Most current three years:	
1.61 Total premium earned	\$..... 0
1.62 Total incurred claims	\$..... 0
1.63 Number of covered lives	..... 0
All years prior to most current three years:	
1.64 Total premium earned	\$..... 0
1.65 Total incurred claims	\$..... 0
1.66 Number of covered lives	..... 0
1.7 Group policies	
Most current three years:	
1.71 Total premium earned	\$..... 0
1.72 Total incurred claims	\$..... 0
1.73 Number of covered lives	..... 0
All years prior to most current three years:	
1.74 Total premium earned	\$..... 0
1.75 Total incurred claims	\$..... 0
1.76 Number of covered lives	..... 0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator		
2.2 Premium Denominator	5,891,025	5,520,287
2.3 Premium Ratio (2.1 / 2.2)		
2.4 Reserve Numerator		
2.5 Reserve Denominator	11,579,711	11,165,081
2.6 Reserve Ratio (2.4 / 2.5)		

3.1 Does the reporting entity issue both participating and non-participating policies?	Yes[] No[X]
3.2 If yes, state the amount of calendar year premiums written on:	
3.21 Participating policies	\$..... 0
3.22 Non-participating policies	\$..... 0
4. For Mutual Reporting Entities and Reciprocal Exchange only:	
4.1 Does the reporting entity issue assessable policies?	Yes[] No[X] N/A[]
4.2 Does the reporting entity issue non-assessable policies?	Yes[X] No[] N/A[]
4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders?	0%
4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.	\$..... 0
5. For Reciprocal Exchanges Only:	
5.1 Does the exchange appoint local agents?	Yes[] No[] N/A[X]
5.2 If yes, is the commission paid:	
5.21 Out of Attorney's-in-fact compensation	Yes[] No[] N/A[X]
5.22 As a direct expense of the exchange	Yes[] No[] N/A[X]
5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?	
5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions been deferred?	Yes[] No[] N/A[X]
5.5 If yes, give full information:	
6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:	
Not Applicable	
6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:	
Actuarial Determination	
6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss:	
Not Applicable	
6.4 Does the reporting entity carry catastrophic reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	
Yes[] No[X]	
6.5 If no, describe arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss	
A single loss event or occurrence is fully covered by an excess of loss treaty.	
7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?	
Yes[] No[X]	
7.2 If yes, indicate the number of reinsurance contracts containing such provisions.	
7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	
Yes[] No[] N/A[X]	
8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?	
Yes[] No[X]	
8.2 If yes, give full information.	
9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:	
(a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;	

GENERAL INTERROGATORIES (Continued)

- (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
- (c) Aggregate stop loss reinsurance coverage;
- (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
- (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
- (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.

Yes[] No[X]

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:

- (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
- (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.

Yes[] No[X]

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:

- (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income.
- (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
- (c) A brief discussion of management's principal objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:

- (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principals ("SAP") and as a deposit under generally accepted accounting principals ("GAAP"); or
- (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

Yes[] No[X]

9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (section D) why the contract(s) is treated differently for GAAP and SAP.

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:

- (a) The entity does not utilize reinsurance; or
- (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or
- (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.

Yes[] No[X]

Yes[] No[X]

Yes[] No[X]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?

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

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force?

Yes[] No[X]

11.2 If yes, give full information:

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:

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

12.11 Unpaid losses

12.12 Unpaid underwriting expenses (including loss adjustment expenses)

12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds.

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?

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

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:

12.41 From

12.42 To

0.000%

0.000%

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?

Yes[X] No[]

12.6 If yes, state the amount thereof at December 31 of current year:

12.61 Letters of Credit

\$..... 750,000

12.62 Collateral and other funds

\$..... 0

\$..... 325,000

Yes[] No[X]

..... 1

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation):

Yes[] No[X]

13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?

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

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.

Yes[] No[X]

14.1 Is the company a cedant in a multiple cedant reinsurance contract?

Yes[] No[X]

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants

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

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?

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

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?

14.5 If the answer to 14.4 is no, please explain

15.1 Has the reporting entity guaranteed any financed premium accounts?

Yes[] No[X]

15.2 If yes, give full information:

16.1 Does the reporting entity write any warranty business?

Yes[] No[X]

If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home
16.12 Products
16.13 Automobile
16.14 Other *

* Disclose type of coverage:

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that it excludes from Schedule F - Part 5?

Yes[] No[X]

Incurred but not reported losses on contracts in force prior to July 1, 1984 and not subsequently renewed are exempt from inclusion in Schedule F - Part 5. Provide the following information for this exemption.

17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5

\$..... 0

17.12 Unfunded portion of Interrogatory 17.11

\$..... 0

GENERAL INTERROGATORIES (Continued)

17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$.....	0
17.14 Case reserves portion of Interrogatory 17.11	\$.....	0
17.15 Incurred but not reported portion of Interrogatory 17.11	\$.....	0
17.16 Unearned premium portion of Interrogatory 17.11	\$.....	0
17.17 Contingent commission portion of Interrogatory 17.11	\$.....	0

Provide the following information for all other amounts included in Schedule F - Part 3 and excluded from Schedule F - Part 5, not included above.

17.18 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5	\$.....	0
17.19 Unfunded portion of Interrogatory 17.18	\$.....	0
17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$.....	0
17.21 Case reserves portion of Interrogatory 17.18	\$.....	0
17.22 Incurred but not reported portion of Interrogatory 17.18	\$.....	0
17.23 Unearned premium portion of Interrogatory 17.18	\$.....	0
17.24 Contingent commission portion of Interrogatory 17.18	\$.....	0

18.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

18.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$..... 0

18.3 Do you act as an administrator for health savings accounts?

Yes[] No[X]

18.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$..... 0

FIVE - YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6

	1 2011	2 2010	3 2009	4 2008	5 2007
Gross Premiums Written (Page 8, Part 1B, Columns 1, 2 & 3)					
1. Liability Lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2, & 19.3, 19.4)	6,167,820	6,039,370	6,494,233	6,727,205	6,882,079
2. Property Lines (Lines 1, 2, 9, 12, 21, & 26)					
3. Property and Liability Combined Lines (Lines 3, 4, 5, 8, 22 & 27)					
4. All Other Lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
5. Nonproportional Reinsurance Lines (Lines 31, 32, & 33)					
6. TOTAL (Line 35)	6,167,820	6,039,370	6,494,233	6,727,205	6,882,079
Net Premiums Written (Page 8, Part 1B, Column 6)					
7. Liability Lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	5,898,680	5,501,902	5,236,863	6,379,826	6,252,163
8. Property Lines (Lines 1, 2, 9, 12, 21 & 26)					
9. Property and Liability Combined Lines (Lines 3, 4, 5, 8, 22 & 27)					
10. All Other Lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
11. Non-proportional Reinsurance Lines (Lines 31, 32 & 33)					
12. TOTAL (Line 35)	5,898,680	5,501,902	5,236,863	6,379,826	6,252,163
Statement of Income (Page 4)					
13. Net underwriting gain or (loss) (Line 8)	1,053,812	244,866	1,035,083	1,152,681	546,475
14. Net investment gain or (loss) (Line 11)	812,590	906,164	815,612	635,578	238,456
15. TOTAL other income (Line 15)	1,000,000	1,000,000	1,000,000	500,000	
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)	405,835	(211,679)	318,820	502,775	433,126
18. Net income (Line 20)	460,568	362,710	531,875	785,484	351,805
Balance Sheet Lines (Pages 2 and 3)					
19. TOTAL admitted assets excluding protected cell business (Page 2, Line 26, Column 3)	26,107,635	25,763,131	24,306,365	22,252,774	18,621,016
20. Premiums and considerations (Page 2, Column 3)					
20.1 In course of collection (Line 15.1)					
20.2 Deferred and not yet due (Line 15.2)					
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	13,055,907	13,719,230	13,239,981	11,935,716	10,129,213
22. Losses (Page 3, Line 1)	5,065,529	5,070,031	3,822,856	3,544,208	2,388,176
23. Loss adjustment expenses (Page 3, Line 3)	3,837,029	3,425,552	3,399,264	3,081,822	2,440,161
24. Unearned premiums (Page 3, Line 9)	2,677,153	2,669,498	2,687,883	2,660,227	2,734,732
25. Capital paid up (Page 3, Lines 30 & 31)					
26. Surplus as regards policyholders (Page 3, Line 37)	13,051,728	12,043,901	11,066,384	10,317,058	8,491,803
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	853,561	664,141	1,816,016	2,382,710	1,711,223
Risk-Based Capital Analysis					
28. TOTAL adjusted capital	13,051,728	12,043,901	11,066,384	10,317,058	8,491,803
29. Authorized control level risk-based capital	1,237,607	1,257,701	1,358,336	1,191,842	1,188,084
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Column 3)					
(Item divided by Page 2, Line 12, Column 3) x 100.0					
30. Bonds (Line 1)	93.2	91.9	91.7	82.2	65.8
31. Stocks (Lines 2.1 & 2.2)					
32. Mortgage loans on real estate (Lines 3.1 and 3.2)					
33. Real estate (Lines 4.1, 4.2 & 4.3)					
34. Cash, cash equivalents and short-term investments (Line 5)	6.8	8.1	8.3	17.8	34.2
35. Contract loans (Line 6)					
36. Derivatives (Line 7)			XXX	XXX	XXX
37. Other invested assets (Line 8)					
38. Receivables for securities (Line 9)					
39. Securities lending reinvested collateral assets (Line 10)			XXX	XXX	XXX
40. Aggregate write-ins for invested assets (Line 11)					
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds, (Schedule D, Summary, Line 12, Column 1)					
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Column 1)					
44. Affiliated common stocks (Schedule D, Summary, Line 24, Column 1)					
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Column 5, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. TOTAL of above Lines 42 to 47					
49. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Column 1, Line 37 x 100.0)					

FIVE - YEAR HISTORICAL DATA (Continued)

	1 2011	2 2010	3 2009	4 2008	5 2007
Capital and Surplus Accounts (Page 4)					
50. Net unrealized capital gains or (Losses) (Line 24) .....	.....	.....	.....	.....	.....
51. Dividends to stockholders (Line 35) .....	.....	.....	.....	.....	.....
52. Change in surplus as regards policyholders for the year (Line 38)	1,007,826	977,517	749,326	1,825,255	1,455,673
Gross Losses Paid (Page 9, Part 2, Columns 1 and 2)					
53. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	450,000	525,000	45,000	534,000	.....
54. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	.....	.....	.....	.....	.....
55. Property and liability combined lines (Lines 3, 4, 5, 8, 22, & 27) .....	.....	.....	.....	.....	.....
56. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	.....	.....	.....	.....	.....
57. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	.....	.....	.....	.....	.....
58. TOTAL (Line 35)	450,000	525,000	45,000	534,000	.....
Net Losses Paid (Page 9, Part 2, Column 4)					
59. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	450,000	502,500	45,000	259,000	.....
60. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	.....	.....	.....	.....	.....
61. Property and liability combined lines (Lines 3, 4, 5, 8, 22, & 27) .....	.....	.....	.....	.....	.....
62. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30, & 34) .....	.....	.....	.....	.....	.....
63. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	.....	.....	.....	.....	.....
64. TOTAL (Line 35)	450,000	502,500	45,000	259,000	.....
Operating Percentages (Page 4)					
(Item divided by Page 4, Line 1) x 100.0					
65. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
66. Losses incurred (Line 2)	7.6	31.7	6.2	21.9	20.4
67. Loss expenses incurred (Line 3)	32.8	16.8	16.8	17.9	24.9
68. Other underwriting expenses incurred (Line 4)	41.8	47.0	57.2	42.3	45.6
69. Net underwriting gain (loss) (Line 8)	17.9	4.4	19.9	17.9	9.2
Other Percentages					
70. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Column 6, Line 35 x 100.0)	41.7	47.2	56.9	42.8	43.5
71. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	40.4	48.5	23.0	39.8	45.3
72. Net premiums written to policyholders' surplus (Page 8, Part 1B, Column 6, Line 35 divided by Page 3, Line 37, Column 1 x 100.0)	45.2	45.7	47.3	61.8	73.6
One Year Loss Development (000 omitted)					
73. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2 - Summary, Line 12, Column 11)	(1,594)	(1,127)	(2,676)	(1,181)	(981)
74. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 73 above divided by Page 4, Line 21, Column 1 x 100.0)	(13.2)	(10.2)	(25.9)	(13.9)	(13.9)
Two Year Loss Development (000 omitted)					
75. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Column 12)	(1,876)	(4,228)	(2,407)	(1,505)	(999)
76. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 75 above divided by Page 4, Line 21, Column 2 x 100.0)	(17.0)	(41.0)	(28.3)	(21.4)	(15.8)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes[] No[] N/A[X]

If no, please explain::

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2002	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
3. 2003	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. 2004	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	XXX
5. 2005	2,457	685	1,772	.....	.....	.....	.....	86	.....	.....	86	XXX
6. 2006	5,121	1,269	3,852	45	.....	247	.....	187	.....	.....	479	XXX
7. 2007	6,792	823	5,969	534	275	672	34	220	.....	.....	1,117	XXX
8. 2008	6,856	401	6,455	250	.....	287	.....	145	.....	.....	682	XXX
9. 2009	6,459	1,250	5,209	575	22	1,010	.....	136	.....	.....	1,699	XXX
10. 2010	6,181	661	5,520	150	.....	835	.....	86	.....	.....	1,071	XXX
11. 2011	6,192	301	5,891	.....	58	.....	43	.....	.....	.....	101	XXX
12. Totals	XXX	XXX	XXX	1,554	297	3,109	34	903	.....	.....	5,235	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed				
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR										
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded							
1. Prior	XXX			
2. 2002	XXX			
3. 2003	XXX			
4. 2004	XXX			
5. 2005	XXX			
6. 2006	1	48	.....	.....	9	.....	45	.....	15	.....	.....	118	XXX
7. 2007	300	47	164	37	17	24	156	39	38	.....	.....	528	XXX		
8. 2008	.....	44	.....	7	.....	.....	44	8	3	.....	.....	76	XXX
9. 2009	1,515	318	511	171	402	125	414	82	155	.....	.....	2,301	XXX		
10. 2010	940	2	668	306	250	.....	604	287	115	.....	.....	1,982	XXX	
11. 2011	510	1	1,281	27	622	.....	1,281	28	260	.....	.....	3,898	XXX	
12. Totals	3,266	368	2,716	548	1,300	149	2,544	444	586	.....	.....	8,903	XXX		

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount		
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....
2. 2002	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2003	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2004	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2005	86	.....	86	3.5	.....	4.9	.....	.....	.....	.....	.....
6. 2006	597	.....	597	11.7	.....	15.5	.....	.....	.....	49	69
7. 2007	2,101	456	1,645	30.9	55.4	27.6	.....	.....	.....	380	148
8. 2008	773	15	758	11.3	3.7	11.7	.....	.....	.....	37	39
9. 2009	4,718	718	4,000	73.0	57.4	76.8	.....	.....	.....	1,537	764
10. 2010	3,648	595	3,053	59.0	90.0	55.3	.....	.....	.....	1,300	682
11. 2011	4,055	56	3,999	65.5	18.6	67.9	.....	.....	.....	1,763	2,135
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	5,066	3,837

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX	XXX	1	1							
5. 2005	XXX	XXX	XXX	XXX	998	124						
6. 2006	XXX	XXX	XXX	XXX	XXX	2,141	1,284	760	535	335	395	60 (140)
7. 2007	XXX	XXX	XXX	XXX	XXX	XXX	3,441	2,784	1,783	1,883	1,387	(496) (396)
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	3,511	2,061	609	610	1	(1,451)
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,598	4,023	3,709	(314)	111
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,697	2,852	(845)
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,696	XXX XXX
12. TOTALS											(1,594)	(1,876)

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011		
1. Prior	000										XXX	XXX
2. 2002											XXX	XXX
3. 2003	XXX										XXX	XXX
4. 2004	XXX	XXX	XXX								XXX	XXX
5. 2005	XXX	XXX	XXX	XXX							XXX	XXX
6. 2006	XXX	XXX	XXX	XXX	27	139	194	241	260	292	XXX	XXX
7. 2007	XXX	XXX	XXX	XXX	XXX	85	604	724	768	897	XXX	XXX
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	79	236	526	537	XXX	XXX
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	146	873	1,563	XXX	XXX
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127	985	XXX	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	58	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX	XXX	1	1					
5. 2005	XXX	XXX	XXX	XXX	951	124				
6. 2006	XXX	XXX	XXX	XXX	XXX	1,734	941	475	284	78 93
7. 2007	XXX	XXX	XXX	XXX	XXX	XXX	2,358	1,773	732	809 244
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,600	1,260	83 73
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,269	1,068 672
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,848 679
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,507

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO
**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Column 2)
		2 Direct Premiums Written	3 Direct Premiums Earned					
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	6,167,820	6,192,210	1,000,000	450,000	196,395	5,981,940	
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)	XXX							
59. TOTALS	(a)	1	6,167,820	6,192,210	1,000,000	450,000	196,395	5,981,940

DETAILS OF WRITE-INS

5801.	XXX							
5802.	XXX							
5803.	XXX							
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX							
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX							

(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.
Explanation of basis of allocation of premiums by states, etc.: All premiums are in one state.

93 Schedule T - Part 2 - Interstate Compact - Exhibit of Premiums Written NONE

94 Schedule Y - Part 1 NONE

95 Schedule Y - Part 1A NONE

96 Schedule Y - Part 2 NONE

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