PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

12233201120100100 2011 Document Code: 201

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 (Street and Number)

Plantation, FL 33324-4402 (City or Town, State and Zip Code) (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 (Street and Number)

Plantation, FL 33324-4402 (City or Town, State and Zip Code) (866)484-5715 (Area Code) (Telephone Number)

Internet Website Address www.hugroupoh.com

Statutory Statement Contact Thomas William Mueller (Name) (866)484-5716 (Area Code)(Telephone Number)(Extension)

tmueller@HUgroups.com (E-Mail Address) (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)	(Signature)	(Signature)
Howard Irwin Dickey-White, MD	Joseph Richard Hellmann, MD	Joseph James Zigray, CPA
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2012

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

(Notary Public Signature)

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

12233201143036100 2011 Document Code: 430

NAIC Group Code: DIRECT BUSINESS IN THE STATE OF **OHIO** DURING THE YEAR NAIC Company Code: 12233

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability	6,167,820	6,192,210	1,000,000	3,070,035	450,000	196,395	5,981,940	1,328,022	1,756,395	3,842,934	406,495	123,508
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal employees health benefits program premium (b)												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	6,167,820	6,192,210	1,000,000	3,070,035	450,000	196,395	5,981,940	1,328,022	1,756,395	3,842,934	406,495	123,508
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) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

12233201143059100 2011 Document Code: 430

NAIC Group Code: DIRECT BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR NAIC Company Code: 12233

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability	6,167,820	6,192,210	1,000,000	3,070,035	450,000	196,395	5,981,940	1,328,022	1,756,395	3,842,934	406,495	123,508
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal employees health benefits program premium (b)												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	6,167,820	6,192,210	1,000,000	3,070,035	450,000	196,395	5,981,940	1,328,022	1,756,395	3,842,934	406,495	123,508
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)												

19 Grand Total

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Columns 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
Authorized - Other U.S. Unaffiliated Insurers																		
52-1952955	10357	PLATINUM UNDERWRITERS REINS INC	MD					10	5	5	5			25			25	
0599998 Total - Authorized - Other U.S. Unaffiliated Insurers (Under $100,000)																		
0599999 Total - Authorized - Other U.S. Unaffiliated Insurers								10	5	5	5			25			25	
Authorized - Other Non-U.S. Insurers																		
AA-1120337	00000	ASPEN INS UK LTD	GB		62			82	33	126	102	90		433			433	
AA-1128003	00000	LLOYD'S SYNDICATE NUMBER 2003	GB		14			20	8	29	23	21		101			101	
AA-1126435	00000	LLOYD'S SYNDICATE NUMBER 435	GB		21			29	12	43	35	31		150			150	
AA-1126623	00000	LLOYD'S SYNDICATE NUMBER 623	GB					1						1			1	
AA-1128623	00000	LLOYD'S SYNDICATE NUMBER 2623	GB					3	1					4			4	
AA-1126006	00000	LLOYD'S SYNDICATE NUMBER 4472	GB		7			8	3	14	12	11		48			48	
AA-1128488	00000	LLOYD'S SYNDICATE NUMBER 2488	GB		46					58	55	68		181			181	
0899998 Total - Authorized - Other Non-U.S. Insurers (Under $100,000)																		
0899999 Total - Authorized - Other Non-U.S. Insurers					150			143	57	270	227	221		918			918	
0999999 Total - Authorized					150			153	62	275	232	221		943			943	
1499998 Total - Unauthorized - Other U.S. Unaffiliated Insurers (Under $100,000)																		
1499999 Total - Unauthorized - Other U.S. Unaffiliated Insurers																		
Unauthorized - Other Non-U.S. Insurers																		
AA-3190829	00000	ALTERRA BERMUDA LTD	BM		67			86	34	136	110	98		464			464	
AA-3194161	00000	CATLIN INS CO LTD	BM		22			30	12	43	35	31		151			151	
AA-3190770	00000	ACE TEMPEST REINS CO LTD	BM					64	26	38	22			150			150	
AA-3190795	00000	AMERICAN SAFETY REINS LTD	BM		30			35	14	57	45	43		194			194	
1799998 Total - Unauthorized - Other Non-U.S. Insurers (Under $100,000)																		
1799999 Total - Unauthorized - Other Non-U.S. Insurers					119			215	86	274	212	172		959			959	
1899999 Total - Unauthorized					119			215	86	274	212	172		959			959	
1999999 Total - Authorized and Unauthorized					269			368	148	549	444	393		1,902			1,902	
2099999 Total - Protected Cells																		
9999999 Totals					269			368	148	549	444	393		1,902			1,902	

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of $50,000:

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1)			
2)			
3)			
4)			
5)			

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1)	Alterra (Max Re)	464	67	Yes[ ] No[X]
2)	Aspen Insurance UK LTD	434	62	Yes[ ] No[X]
3)	American Safety Re	194	30	Yes[ ] No[X]
4)	ACE Syndicate (AGM 2488)	180	46	Yes[ ] No[X]
5)	Catlin Insurance Company LTD	152	22	Yes[ ] No[X]

SCHEDULE F - PART 4

Aging of Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12	13
				5	Overdue					11		
					6	7	8	9	10			Percentage
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Current	1 - 29 Days	30-90 Days	91-120 Days	Over 120 Days	Total Overdue Columns 6 + 7 + 8 + 9	Total Due Cols. 5 + 10	Percentage Overdue Col. 10/Col. 11	More Than 120 Days Overdue Col. 9/Col. 11
			NONE									
9999999 Totals												

SCHEDULE F - PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	7	Letter of Credit Issuing or Confirming Bank (a)			11	12	13	14	15	16	17	18	19	20
							8	9	10										
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Recoverable all Items Schedule F Pt. 3, Col.15	Funds Held by Company Under Reinsurance Treaties	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Ceded Balances Payable	Miscel-laneous Balances	Other Allowed Offset Items	Sum of Cols. 6+7+11+12+13 But Not in Excess of Col. 5	Subtotal Col. 5 minus Col.14	Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due Not In Dispute	20 % of Amount in Col. 16	Smaller of Column 14 or Column 17	Smaller of Col. 14 or 20% of Amount in Dispute Included in Col. 5	Total Provis. for Unauthorized Rein.Smaller of Col. 5 or Cols.15+18+19
Other Non-U.S. Insurers																			
AA-3190829	00000	ALTERRA BERMUDA LTD	BM	464		511	026009593	1	Bank of America, N.A				464						
AA-3194161	00000	CATLIN INS CO LTD	BM	152		302	021000089	1	Citibank, N.A				152						
AA-3190770	00000	ACE TEMPEST REINS CO LTD	BM	150		369	021000089	1	Citibank, N.A				150						
AA-3190795	00000	AMERICAN SAFETY REINS LTD	BM	194		312	072000096	1	Comerica/DET				194						
0899999 Total - Other Non-U.S. Insurers				960		1,494	XXX	XXX	XXX				960						
0999999 Total - Affiliates and Others				960		1,494	XXX	XXX	XXX				960						
1099999 Total - Protected Cells							XXX	XXX	XXX										
9999999 Totals				960		1,494	XXX	XXX	XXX				960						

1. Amounts in dispute totaling $.....0 are included in Column 5.
2. Amounts in dispute totaling $.....0 are excluded from Column 16.

(a)

Code	American Bankers Association (ABA) Routing Number	Bank Name

SCHEDULE F - PART 8

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Column 3)				
1.	Cash and invested assets (Line 12)	25,022,105		25,022,105
2.	Premiums and considerations (Line 15)			
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)			
4.	Funds held by or deposited with reinsured companies (Line 16.2)			
5.	Other assets	1,085,530		1,085,530
6.	Net amount recoverable from reinsurers		1,902,000	1,902,000
7.	Protected cell assets (Line 27)			
8.	TOTALS (Line 28)	26,107,635	1,902,000	28,009,635
LIABILITIES (Page 3)				
9.	Losses and loss adjustment expenses (Lines 1 through 3)	8,902,558	1,509,000	10,411,558
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	545,735		545,735
11.	Unearned premiums (Line 9)	2,677,153	393,000	3,070,153
12.	Advance premiums (Line 10)	838,608		838,608
13.	Dividends declared and unpaid (Line 11.1 and 11.2)			
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)			
15.	Funds held by company under reinsurance treaties (Line 13)			
16.	Amounts withheld or retained by company for account of others (Line 14)			
17.	Provision for reinsurance (Line 16)			
18.	Other liabilities	91,853		91,853
19.	TOTAL Liabilities excluding protected cell business (Line 26)	13,055,907	1,902,000	14,957,907
20.	Protected cell liabilities (Line 27)			
21.	Surplus as regards policyholders (Line 37)	13,051,728	X X X	13,051,728
22.	TOTALS (Line 38)	26,107,635	1,902,000	28,009,635

Note: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes[ ] No[X]

If yes, give full explanation:

SCHEDULE P - PART 1F - SECTION 1

MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2002												
3. 2003												
4. 2004												
5. 2005												
6. 2006	30	8	22					3			3	
7. 2007	107	24	83					4			4	
8. 2008	368	68	300					8			8	
9. 2009	54	10	44					1			1	
10. 2010	28	4	24									
11. 2011	287	40	247					2			2	
12. Totals	XXX	XXX	XXX					18			18	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	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	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006			2				2					4	
7. 2007			4	1			4	1	1			7	
8. 2008			13	1			13	2	2			25	
9. 2009			11	2			11	1	2			21	
10. 2010			12	1			12	1	2			24	
11. 2011			113	1			113	1	15			239	
12. Totals			155	6			155	6	22			320	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	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	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006	7		7	23.3		31.8				2	2
7. 2007	13	2	11	12.1	8.3	13.3				3	4
8. 2008	36	3	33	9.8	4.4	11.0				12	13
9. 2009	25	3	22	46.3	30.0	50.0				9	12
10. 2010	26	2	24	92.9	50.0	100.0				11	13
11. 2011	243	2	241	84.7	5.0	97.6				112	127
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	149	171

SCHEDULE P - PART 1F - SECTION 2

MEDICAL PROFESSIONAL LIABILITY - CLAIMS - MADE

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	1	2	3	4	5	6	7	8	9	10	11	Number of Claims Reported - Direct and Assumed
	Direct and Assumed	Ceded	Net (Columns 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX									XXX
2. 2002												
3. 2003												
4. 2004	1		1									
5. 2005	2,457	685	1,772					86			86	3
6. 2006	5,091	1,261	3,830	45		247		184			476	18
7. 2007	6,685	799	5,886	534	275	672	34	216			1,113	22
8. 2008	6,488	333	6,155	250		287		137			674	20
9. 2009	6,405	1,240	5,165	575	22	1,010		135			1,698	39
10. 2010	6,153	657	5,496	150		835		86			1,071	38
11. 2011	5,905	261	5,644			58		41			99	28
12. Totals	XXX	XXX	XXX	1,554	297	3,109	34	885			5,217	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006	1		46		9		43		15			114	1
7. 2007	300	47	160	36	17	24	152	38	37			521	2
8. 2008			31	6			31	6	1			51	
9. 2009	1,515	318	500	169	402	125	403	81	153			2,280	11
10. 2010	940	2	656	305	250		592	286	113			1,958	13
11. 2011	510	1	1,168	26	622		1,168	27	245			3,659	20
12. Totals	3,266	368	2,561	542	1,300	149	2,389	438	564			8,583	47

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2002											
3. 2003											
4. 2004											
5. 2005	86		86	3.5		4.9					
6. 2006	590		590	11.6		15.4				47	67
7. 2007	2,088	454	1,634	31.2	56.8	27.8				377	144
8. 2008	737	12	725	11.4	3.6	11.8				25	26
9. 2009	4,693	715	3,978	73.3	57.7	77.0				1,528	752
10. 2010	3,622	593	3,029	58.9	90.3	55.1				1,289	669
11. 2011	3,812	54	3,758	64.6	20.7	66.6				1,651	2,008
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	4,917	3,666

SCHEDULE P - PART 2F - SECTION 1

MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	One Year	Two Year
1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX	40	22	10	10	10	4	(6)	(6)
7. 2007	XXX	XXX	XXX	XXX	XXX	61	34	34	34	6	(28)	(28)
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	230	230	4	23	19	(207)
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30	30	19	(11)	(11)
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	22	(23)	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	224	XXX	XXX
12. TOTALS											(49)	(252)

SCHEDULE P - PART 2F - SECTION 2

MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX	1	1								
5. 2005	XXX	XXX	XXX	998	124							
6. 2006	XXX	XXX	XXX	XXX	2,101	1,262	750	525	325	391	66	(134)
7. 2007	XXX	XXX	XXX	XXX	XXX	3,380	2,750	1,749	1,849	1,381	(468)	(368)
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	3,281	1,831	605	587	(18)	(1,244)
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,568	3,993	3,690	(303)	122
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,652	2,830	(822)	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,472	XXX	XXX
12. TOTALS											(1,545)	(1,624)

SCHEDULE P - PART 2G

SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX								
8. 2008	XXX	XXX	XXX	XXX								
9. 2009	XXX	XXX	XXX	XXX								
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

NONE

SCHEDULE P - PART 2H - SECTION 1

OTHER LIABILITY - OCCURRENCE

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX								
8. 2008	XXX	XXX	XXX	XXX								
9. 2009	XXX	XXX	XXX	XXX								
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

NONE

SCHEDULE P - PART 2H - SECTION 2

OTHER LIABILITY - CLAIMS-MADE

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX								
8. 2008	XXX	XXX	XXX	XXX								
9. 2009	XXX	XXX	XXX	XXX								
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

NONE

SCHEDULE P - PART 3F SECTION 1

MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011		
1. Prior	000											
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX	XXX							
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3F SECTION 2

MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE

1.	Prior	000											
2.	2002												
3.	2003	XXX											
4.	2004	XXX	XXX										
5.	2005	XXX	XXX	XXX									3
6.	2006	XXX	XXX	XXX	XXX	27	139	194	241	260	292	1	16
7.	2007	XXX	XXX	XXX	XXX	XXX	85	604	724	768	897	2	18
8.	2008	XXX	XXX	XXX	XXX	XXX	XXX	79	236	526	537	1	19
9.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	146	873	1,563	3	25
10.	2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127	985	1	24
11.	2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	58		8

SCHEDULE P - PART 3G

SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1.	Prior	000										XXX	XXX
2.	2002											XXX	XXX
3.	2003	XXX										XXX	XXX
4.	2004	XXX	XXX									XXX	XXX
5.	2005	XXX	XXX	XXX								XXX	XXX
6.	2006	XXX	XXX	XXX	XXX							XXX	XXX
7.	2007	XXX	XXX	XXX	XXX	X						XXX	XXX
8.	2008	XXX	XXX	XXX	XXX	X						XXX	XXX
9.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10.	2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11.	2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3H SECTION 1

OTHER LIABILITY - OCCURRENCE

1.	Prior	000											
2.	2002												
3.	2003	XXX											
4.	2004	XXX	XXX										
5.	2005	XXX	XXX	XXX									
6.	2006	XXX	XXX	XXX	XXX								
7.	2007	XXX	XXX	XXX	XXX	X							
8.	2008	XXX	XXX	XXX	XXX	X							
9.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11.	2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3H SECTION 2

OTHER LIABILITY - CLAIMS MADE

1.	Prior	000											
2.	2002												
3.	2003	XXX											
4.	2004	XXX	XXX										
5.	2005	XXX	XXX	XXX									
6.	2006	XXX	XXX	XXX	XXX								
7.	2007	XXX	XXX	XXX	XXX	X							
8.	2008	XXX	XXX	XXX	XXX	X							
9.	2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11.	2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 4F SECTION 1

MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX	40	22	10	10	10	4
7. 2007	XXX	XXX	XXX	XXX	XXX	61	34	34	34	6
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	230	230	4	23
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30	30	19
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	22
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	224

SCHEDULE P - PART 4F - SECTION 2

MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE

1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX	1	1						
5. 2005	XXX	XXX	XXX	951	124					
6. 2006	XXX	XXX	XXX	XXX	1,694	919	465	274	68	89
7. 2007	XXX	XXX	XXX	XXX	XXX	2,297	1,739	698	775	238
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	2,370	1,030	79	50
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,239	1,038	653
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,803	657
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,283

SCHEDULE P - PART 4G

SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX							
7. 2007	XXX	XXX	XXX							
8. 2008	XXX	XXX	XXX							
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4H - SECTION 1

OTHER LIABILITY - OCCURRENCE

1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX							
7. 2007	XXX	XXX	XXX							
8. 2008	XXX	XXX	XXX							
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4H - SECTION 2

OTHER LIABILITY - CLAIMS MADE

1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX							
7. 2007	XXX	XXX	XXX							
8. 2008	XXX	XXX	XXX							
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 5F

MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX						
7. 2007	XXX	XXX	XXX	XXX	XXX					
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX						
7. 2007	XXX	XXX	XXX	XXX	XXX					
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX						
7. 2007	XXX	XXX	XXX	XXX	XXX					
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5F

MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX					1	1
7. 2007	XXX	XXX	XXX	XXX	XXX				2	2
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX			1	1
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	3
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XXX	XXX					1	1
7. 2007	XXX	XXX	XXX	XXX	XXX				3	2
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX		19	11
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	13
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX						3	3
6. 2006	XXX	XXX	XXX	XXX					18	18
7. 2007	XXX	XXX	XXX	XXX	XXX				22	22
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX			20	20
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX		39	39
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	38
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies, EREs provided for reasons other than DDR are not to be included.

1.1 Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions: Yes[X] No[ ]

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? $ 300,000

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes[X] No[ ] N/A[ ]

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes[ ] No[X] N/A[ ]

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes[X] No[ ] N/A[ ]

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in which premiums were earned and losses were incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2002		
1.603 2003		
1.604 2004		
1.605 2005		
1.606 2006		
1.607 2007		
1.608 2008		
1.609 2009		
1.610 2010		
1.611 2011		
1.612 TOTALS		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes[X] No[ ]

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes[X] No[ ]

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on page 10? Yes[ ] No[X]
   If Yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.
   Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
   Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for: (in thousands of dollars)

   5.1 Fidelity $ 0
   5.2 Surety $ 0

6. Claim count information is reported per claim or per claimant (Indicate which).

   6.1 per claim ✓
   6.2 per claimant

   If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes[ ] No[X]

7.2 An extended statement may be attached.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	Response
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
1. Will an actuarial opinion be filed by March 1?	Yes
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	Yes
APRIL FILING	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	Yes
6. Will Management's Discussion and Analysis be filed by April 1?	Yes
7. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	Yes
MAY FILING	
8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	See Explanation
JUNE FILING	
9. Will an audited financial report be filed by June 1?	Yes
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes
AUGUST FILING	
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	Yes
The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	No
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	Yes
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	No
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	No
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	No
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
20. Will the Confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	Yes
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	Yes
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	No
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	No
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
APRIL FILING	
28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	No
29. Will the Long-term Care Experience Reporting Form be filed with the state of domicile and the NAIC by April 1?	No
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	No
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	No
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile AND the NAIC by April 1?	No
AUGUST FILING	
33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	No

Explanations:

8. Not Applicable

Bar Codes:

Schedule SIS

12233201142000000 2011 Document Code: 420

Financial Guaranty Insurance Exhibit

12233201124000000 2011 Document Code: 240

Medicare Supplement Insurance Experience Exhibit

12233201136000000 2011 Document Code: 360

Trusteed Surplus Statement

12233201149000000 2011 Document Code: 490

Premiums Attributed to Protected Cells Exhibit

12233201138500000 2011 Document Code: 385

Reinsurance Summary Supplemental Filing

12233201140100000 2011 Document Code: 401

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Medicare Part D Coverage Supplement

12233201136500000 2011 Document Code: 365

Exceptions to the Reinsurance Attestation Supplement

12233201140000000 2011 Document Code: 400

Bail Bond Supplement

12233201150000000 2011 Document Code: 500

Director and Officer Supplement

12233201150500000 2011 Document Code: 505

Approval for Relief related to five-year rotation for lead Audit Partner

12233201122400000 2011 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA

12233201122500000 2011 Document Code: 225

Approval for Relief related to Require. for Audit Committees

12233201122600000 2011 Document Code: 226

Credit Insurance Exhibit

12233201123000000 2011 Document Code: 230

LTC Supplemental Interrogatorries

12233201130600000 2011 Document Code: 306

Accident and Health Policy Experience Exhibit

12233201121000000 2011 Document Code: 210

Supplemental Health Care Exhibit

12233201121600000 2011 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report

12233201121700000 2011 Document Code: 217

Management's Report of Internal Control over Financial Reporting

12233201122300000 2011 Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

12233201145500100 2011 Document Code: 455

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

Physicians, including surgeons and osteopaths

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid 3 Amount	Direct Losses Paid 4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	Direct Losses Unpaid 7 Number of Claims	8 Direct Losses Incurred but not Reported
1. Alabama (AL)								
2. Alaska (AK)								
3. Arizona (AZ)								
4. Arkansas (AR)								
5. California (CA)								
6. Colorado (CO)								
7. Connecticut (CT)								
8. Delaware (DE)								
9. District of Columbia (DC)								
10. Florida (FL)								
11. Georgia (GA)								
12. Hawaii (HI)								
13. Idaho (ID)								
14. Illinois (IL)								
15. Indiana (IN)								
16. Iowa (IA)								
17. Kansas (KS)								
18. Kentucky (KY)								
19. Louisiana (LA)								
20. Maine (ME)								
21. Maryland (MD)								
22. Massachusetts (MA)								
23. Michigan (MI)								
24. Minnesota (MN)								
25. Mississippi (MS)								
26. Missouri (MO)								
27. Montana (MT)								
28. Nebraska (NE)								
29. Nevada (NV)								
30. New Hampshire (NH)								
31. New Jersey (NJ)								
32. New Mexico (NM)								
33. New York (NY)								
34. North Carolina (NC)								
35. North Dakota (ND)								
36. Ohio (OH)	6,167,820	6,192,210	450,000	3	196,395	3,266,000	47	2,715,940
37. Oklahoma (OK)								
38. Oregon (OR)								
39. Pennsylvania (PA)								
40. Rhode Island (RI)								
41. South Carolina (SC)								
42. South Dakota (SD)								
43. Tennessee (TN)								
44. Texas (TX)								
45. Utah (UT)								
46. Vermont (VT)								
47. Virginia (VA)								
48. Washington (WA)								
49. West Virginia (WV)								
50. Wisconsin (WI)								
51. Wyoming (WY)								
52. American Samoa (AS)								
53. Guam (GU)								
54. Puerto Rico (PR)								
55. U.S. Virgin Islands (VI)								
56. Northern Mariana Islands (MP)								
57. Canada (CN)								
58. Aggregate other alien (OT)								
59. TOTALS	6,167,820	6,192,210	450,000	3	196,395	3,266,000	47	2,715,940
DETAILS OF WRITE-INS								
5801.								
5802.								
5803.								
5898. Summary of remaining write-ins for Line 58 from overflow page								
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)								

12233201145500000 2011 Document Code: 455

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

Hospitals

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid 3 Amount	Direct Losses Paid 4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	Direct Losses Unpaid 7 Number of Claims	8 Direct Losses Incurred but not Reported
1. Alabama (AL)								
2. Alaska (AK)								
3. Arizona (AZ)								
4. Arkansas (AR)								
5. California (CA)								
6. Colorado (CO)								
7. Connecticut (CT)								
8. Delaware (DE)								
9. District of Columbia (DC)								
10. Florida (FL)								
11. Georgia (GA)								
12. Hawaii (HI)								
13. Idaho (ID)								
14. Illinois (IL)								
15. Indiana (IN)								
16. Iowa (IA)								
17. Kansas (KS)								
18. Kentucky (KY)								
19. Louisiana (LA)								
20. Maine (ME)								
21. Maryland (MD)								
22. Massachusetts (MA)								
23. Michigan (MI)								
24. Minnesota (MN)								
25. Mississippi (MS)								
26. Missouri (MO)								
27. Montana (MT)								
28. Nebraska (NE)								
29. Nevada (NV)								
30. New Hampshire (NH)								
31. New Jersey (NJ)								
32. New Mexico (NM)								
33. New York (NY)								
34. North Carolina (NC)								
35. North Dakota (ND)								
36. Ohio (OH)								
37. Oklahoma (OK)								
38. Oregon (OR)								
39. Pennsylvania (PA)								
40. Rhode Island (RI)								
41. South Carolina (SC)								
42. South Dakota (SD)								
43. Tennessee (TN)								
44. Texas (TX)								
45. Utah (UT)								
46. Vermont (VT)								
47. Virginia (VA)								
48. Washington (WA)								
49. West Virginia (WV)								
50. Wisconsin (WI)								
51. Wyoming (WY)								
52. American Samoa (AS)								
53. Guam (GU)								
54. Puerto Rico (PR)								
55. U.S. Virgin Islands (VI)								
56. Northern Mariana Islands (MP)								
57. Canada (CN)								
58. Aggregate other alien (OT)								
59. TOTALS								
DETAILS OF WRITE-INS								
5801.								
5802.								
5803.								
5898. Summary of remaining write-ins for Line 58 from overflow page								
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)								

N O N E

12233201145500000 2011 Document Code: 455

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

Other health care professionals, including dentists

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid 3 Amount	Direct Losses Paid 4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	Direct Losses Unpaid 7 Number of Claims	8 Direct Losses Incurred but not Reported
1. Alabama (AL)								
2. Alaska (AK)								
3. Arizona (AZ)								
4. Arkansas (AR)								
5. California (CA)								
6. Colorado (CO)								
7. Connecticut (CT)								
8. Delaware (DE)								
9. District of Columbia (DC)								
10. Florida (FL)								
11. Georgia (GA)								
12. Hawaii (HI)								
13. Idaho (ID)								
14. Illinois (IL)								
15. Indiana (IN)								
16. Iowa (IA)								
17. Kansas (KS)								
18. Kentucky (KY)								
19. Louisiana (LA)								
20. Maine (ME)								
21. Maryland (MD)								
22. Massachusetts (MA)								
23. Michigan (MI)								
24. Minnesota (MN)								
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26. Missouri (MO)								
27. Montana (MT)								
28. Nebraska (NE)								
29. Nevada (NV)								
30. New Hampshire (NH)								
31. New Jersey (NJ)								
32. New Mexico (NM)								
33. New York (NY)								
34. North Carolina (NC)								
35. North Dakota (ND)								
36. Ohio (OH)								
37. Oklahoma (OK)								
38. Oregon (OR)								
39. Pennsylvania (PA)								
40. Rhode Island (RI)								
41. South Carolina (SC)								
42. South Dakota (SD)								
43. Tennessee (TN)								
44. Texas (TX)								
45. Utah (UT)								
46. Vermont (VT)								
47. Virginia (VA)								
48. Washington (WA)								
49. West Virginia (WV)								
50. Wisconsin (WI)								
51. Wyoming (WY)								
52. American Samoa (AS)								
53. Guam (GU)								
54. Puerto Rico (PR)								
55. U.S. Virgin Islands (VI)								
56. Northern Mariana Islands (MP)								
57. Canada (CN)								
58. Aggregate other alien (OT)								
59. TOTALS								
DETAILS OF WRITE-INS								
5801.								
5802.								
5803.								
5898. Summary of remaining write-ins for Line 58 from overflow page								
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)								

N O N E

12233201145500000 2011 Document Code: 455

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

Other health care facilities

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid 3 Amount	Direct Losses Paid 4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	Direct Losses Unpaid 7 Number of Claims	8 Direct Losses Incurred but not Reported
1. Alabama (AL)								
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3. Arizona (AZ)								
4. Arkansas (AR)								
5. California (CA)								
6. Colorado (CO)								
7. Connecticut (CT)								
8. Delaware (DE)								
9. District of Columbia (DC)								
10. Florida (FL)								
11. Georgia (GA)								
12. Hawaii (HI)								
13. Idaho (ID)								
14. Illinois (IL)								
15. Indiana (IN)								
16. Iowa (IA)								
17. Kansas (KS)								
18. Kentucky (KY)								
19. Louisiana (LA)								
20. Maine (ME)								
21. Maryland (MD)								
22. Massachusetts (MA)								
23. Michigan (MI)								
24. Minnesota (MN)								
25. Mississippi (MS)								
26. Missouri (MO)								
27. Montana (MT)								
28. Nebraska (NE)								
29. Nevada (NV)								
30. New Hampshire (NH)								
31. New Jersey (NJ)								
32. New Mexico (NM)								
33. New York (NY)								
34. North Carolina (NC)								
35. North Dakota (ND)								
36. Ohio (OH)								
37. Oklahoma (OK)								
38. Oregon (OR)								
39. Pennsylvania (PA)								
40. Rhode Island (RI)								
41. South Carolina (SC)								
42. South Dakota (SD)								
43. Tennessee (TN)								
44. Texas (TX)								
45. Utah (UT)								
46. Vermont (VT)								
47. Virginia (VA)								
48. Washington (WA)								
49. West Virginia (WV)								
50. Wisconsin (WI)								
51. Wyoming (WY)								
52. American Samoa (AS)								
53. Guam (GU)								
54. Puerto Rico (PR)								
55. U.S. Virgin Islands (VI)								
56. Northern Mariana Islands (MP)								
57. Canada (CN)								
58. Aggregate other alien (OT)								
59. TOTALS								
DETAILS OF WRITE-INS								
5801.								
5802.								
5803.								
5898. Summary of remaining write-ins for Line 58 from overflow page								
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)								

N O N E

INDEX TO PROPERTY & CASUALTY ANNUAL STATEMENT

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