



QUARTERLY STATEMENT
AS OF March 31, 2012
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 Web Site 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, CGMA	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	David Wayne McKenney, Regional VP-Claims
Thomas William Mueller CPA, VP Finance & Controller	Susan Elaine Salman, Assistant Secretary

DIRECTORS OR TRUSTEES

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

State of Ohio
County of Franklin ss

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

(Signature) Howard Irwin Dickey-White, MD (Printed Name) 1. President (Title)	(Signature) Joseph Richard Hellmann, MD (Printed Name) 2. Secretary (Title)	(Signature) Joseph James Zigray, CPA (Printed Name) 3. Treasurer (Title)
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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[] _____ _____ _____
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(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	22,760,670		22,760,670	23,323,415
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....632), cash equivalents (\$.....181,282) and short-term investments (\$.....1,792,664)	1,974,577		1,974,577	1,698,690
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	24,735,247		24,735,247	25,022,105
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	192,107		192,107	207,341
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				
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts	166,147		166,147	178,891
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon	150,968		150,968	
18.2	Net deferred tax asset	705,177	91,390	613,787	699,298
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	38,471	38,471		
21.	Furniture and equipment, including health care delivery assets (\$.....0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	117,579		117,579	
24.	Health care (\$.....0) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets	642,296	642,296		
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	26,747,992	772,157	25,975,835	26,107,635
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	26,747,992	772,157	25,975,835	26,107,635
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	629,681	629,681		
2502.	Other Prepaid Expenses	12,615	12,615		
2503.	.....				
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	642,296	642,296		

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current Statement Date	December 31 Prior Year
1.	Losses (current accident year \$.....356,398)	5,402,927	5,065,529
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses	4,238,360	3,837,029
4.	Commissions payable, contingent commissions and other similar charges	29,334	35,860
5.	Other expenses (excluding taxes, licenses and fees)	171,792	165,201
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	109,195	86,350
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 (after deducting unearned premiums for ceded reinsurance of \$.....372,804 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)	2,624,481	2,677,153
10.	Advance premium	232,553	838,608
11.	Dividends declared and unpaid:		
11.1	Stockholders		
11.2	Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		91,853
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$.....0 and interest thereon \$.....0		
25.	Aggregate write-ins for liabilities		
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	12,808,642	13,055,907
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	12,808,642	13,055,907
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	10,884,860	10,826,320
35.	Unassigned funds (surplus)	2,282,333	2,225,408
36.	Less treasury stock, at cost:		
36.1	0 shares common (value included in Line 30 \$.....0)		
36.2	0 shares preferred (value included in Line 31 \$.....0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	13,167,193	13,051,728
38.	Totals (Page 2, Line 28, Col. 3)	25,975,835	26,107,635
DETAILS OF WRITE-INS			
2501.	.....		
2502.	.....		
2503.	.....		
2598.	Summary of remaining write-ins for Line 25 from overflow page		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)		
2901.	.....		
2902.	.....		
2903.	.....		
2998.	Summary of remaining write-ins for Line 29 from overflow page		
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.	.....		
3202.	.....		
3203.	.....		
3298.	Summary of remaining write-ins for Line 32 from overflow page		
3299.	TOTALS (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

		1	2	3
		Current Year to Date	Prior Year to Date	Prior Year Ended December 31
UNDERWRITING INCOME				
1.	Premiums earned			
1.1	Direct (written \$.....1,631,835)	1,704,585	1,459,409	6,192,210
1.2	Assumed (written \$.....0)			
1.3	Ceded (written \$.....228,457)	248,535	225,221	301,185
1.4	Net (written \$.....1,403,378)	1,456,050	1,234,188	5,891,025
DEDUCTIONS:				
2.	Losses incurred (current accident year \$.....356,398)			
2.1	Direct	414,809	507,841	196,395
2.2	Assumed			
2.3	Ceded	58,411	75,449	(249,103)
2.4	Net	356,398	432,392	445,498
3.	Loss adjustment expenses incurred	735,361	495,364	1,931,722
4.	Other underwriting expenses incurred	583,655	522,429	2,459,993
5.	Aggregate write-ins for underwriting deductions			
6.	Total underwriting deductions (Lines 2 through 5)	1,675,414	1,450,185	4,837,213
7.	Net income of protected cells			
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(219,364)	(215,997)	1,053,812
INVESTMENT INCOME				
9.	Net investment income earned	202,141	197,931	771,521
10.	Net realized capital gains (losses) less capital gains tax of \$.....0			41,069
11.	Net investment gain (loss) (Lines 9 + 10)	202,141	197,931	812,590
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)	(17,223)	(18,066)	1,866,402
17.	Dividends to policyholders			1,000,000
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	(17,223)	(18,066)	866,402
19.	Federal and foreign income taxes incurred	(124,292)	(12,295)	405,835
20.	Net income (Line 18 minus Line 19) (to Line 22)	107,069	(5,771)	460,568
CAPITAL AND SURPLUS ACCOUNT				
21.	Surplus as regards policyholders, December 31 prior year	13,051,728	12,043,901	12,043,901
22.	Net income (from Line 20)	107,069	(5,771)	460,568
23.	Net transfers (to) or from Protected Cell accounts			
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0			
25.	Change in net unrealized foreign exchange capital gain (loss)			
26.	Change in net deferred income tax	(136,533)	(27,161)	93,971
27.	Change in nonadmitted assets	86,389	(60,521)	(1,448)
28.	Change in provision for reinsurance			
29.	Change in surplus notes			
30.	Surplus (contributed to) withdrawn from Protected cells			
31.	Cumulative effect of changes in accounting principles			
32.	Capital changes:			
32.1	Paid in			
32.2	Transferred from surplus (Stock Dividend)			
32.3	Transferred to surplus			
33.	Surplus adjustments:			
33.1	Paid in	58,540	23,751	454,736
33.2	Transferred to capital (Stock Dividend)			
33.3	Transferred from capital			
34.	Net remittances from or (to) Home Office			
35.	Dividends to stockholders			
36.	Change in treasury stock			
37.	Aggregate write-ins for gains and losses in surplus			
38.	Change in surplus as regards policyholders (Lines 22 through 37)	115,465	(69,702)	1,007,826
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	13,167,193	11,974,199	13,051,728
DETAILS OF WRITE-INS				
0501.				
0502.				
0503.				
0598.	Summary of remaining write-ins for Line 5 from overflow page			
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)			
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
3701.				
3702.				
3703.				
3798.	Summary of remaining write-ins for Line 37 from overflow page			
3799.	TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	797,323	679,498	5,378,603
2.	Net investment income	242,140	242,582	864,853
3.	Miscellaneous income			
4.	Total (Lines 1 to 3)	1,039,463	922,080	6,243,456
5.	Benefit and loss related payments	19,000	(8,180)	429,330
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	852,519	1,059,332	4,129,611
8.	Dividends paid to policyholders			1,000,000
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	285,000		(169,046)
10.	Total (Lines 5 through 9)	1,156,519	1,051,152	5,389,895
11.	Net cash from operations (Line 4 minus Line 10)	(117,056)	(129,073)	853,561
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	3,449,677	412,956	2,274,440
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)	3,449,677	412,956	2,274,440
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	2,911,697	311,934	3,056,309
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications			0
13.7	Total investments acquired (Lines 13.1 to 13.6)	2,911,697	311,934	3,056,309
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	537,980	101,022	(781,869)
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	58,540	23,751	454,736
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)	(203,577)	(1,364,687)	(815,590)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(145,037)	(1,340,936)	(360,854)
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)	275,887	(1,368,987)	(289,162)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	1,698,690	1,987,852	1,987,852
19.2	End of period (Line 18 plus Line 19.1)	1,974,577	618,865	1,698,690

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

20.0001				
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Notes to Financial Statement

- 1 Summary of Significant Accounting Policies

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

There are no changes in the Company's significant accounting policies.
- 2 Accounting Changes and Corrections of Errors

No change.
- 3 Business Combinations and Goodwill

No change.
- 4 Discontinued Operations

No change.
- 5 Investments

No change.
- 6 Joint Ventures, Partnerships and Limited Liability Companies

No change.
- 7 Investment Income

No change.
- 8 Derivative Instruments

No change.
- 9 Income Taxes

No change.
- 10 Information Concerning Parent, Subsidiaries and Affiliates

No change.
- 11 Debt

No change.
- 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No change.
- 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations.

No change.
- 14 Contingencies

No change.
- 15 Leases

No change.
- 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No change.
- 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable.
- 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans (N/A - Title)

No change.
- 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators (N/A - Title)

No change.
- 20 Fair Value Measurements

No change.
- 21 Other Items

No change.
- 22 Events Subsequent

No change.
- 23 Reinsurance

No change.
- 24 Retrospectively Rated Contracts & Contract Subject to Redetermination (N/A – Title)

No change.

- 25 Change in Incurred Losses and Loss Adjustment Expenses
No change.
- 26 Intercompany Pooling Arrangements
No change.
- 27 Structured Settlements
No change.
- 28 Health Care Receivables
No change.
- 29 Participating Policies
No change.
- 30 Premium Deficiency Reserves
No change.
- 31 High Deductibles
No change.
- 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses
No change.
- 33 Asbestos/Environmental Reserves
No change.
- 34 Subscriber Savings Accounts
No change.
- 35 Multi Peril Crop Insurance
No change.
- 36 Financial Guaranty Insurance
No change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

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

Yes[] No[] N/A[X]
- 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[X] No[]
- 2.2 If yes, date of change:

04/27/2012
3. Have there been any substantial changes in the organizational chart since the prior quarter end?
If yes, complete the Schedule Y - Part 1 - organizational chart.

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

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes[] No[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2008
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2008
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

12/01/2009
- 6.4 By what department or departments?
Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

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

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

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
		Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(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.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

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

\$..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.
- Yes[] No[X]

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

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:
- Yes[X] No[]

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

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

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

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

16.4 If yes, give full and complete information relating thereto:
- Yes[] No[X]

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

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

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

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

17.2 If no, list exceptions:
- Yes[X] No[]

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
If yes, attach an explanation.

Yes[] No[] N/A[X]
2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?
If yes, attach an explanation.

Yes[] No[X]
- 3.1 Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes[] No[X]
- 3.2 If yes, give full and complete information thereto
- 4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves"), discounted at a rate of interest greater than zero?

Yes[] No[X]
- 4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

5.1 A&H loss percent

5.2 A&H cost containment percent

5.3 A&H expense percent excluding cost containment expenses

.....0.000%

.....0.000%

.....0.000%
- 6.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]
- 6.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....0
- 6.3 Do you act as an administrator for health savings accounts?

Yes[] No[X]
- 6.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....0

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

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Is Insurer Authorized? (Yes or No)
		NONE		

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
States, Etc.	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama (AL)	N						
2. Alaska (AK)	N						
3. Arizona (AZ)	N						
4. Arkansas (AR)	N						
5. California (CA)	N						
6. Colorado (CO)	N						
7. Connecticut (CT)	N						
8. Delaware (DE)	N						
9. District of Columbia (DC)	N						
10. Florida (FL)	N						
11. Georgia (GA)	N						
12. Hawaii (HI)	N						
13. Idaho (ID)	N						
14. Illinois (IL)	N						
15. Indiana (IN)	N						
16. Iowa (IA)	N						
17. Kansas (KS)	N						
18. Kentucky (KY)	N						
19. Louisiana (LA)	N						
20. Maine (ME)	N						
21. Maryland (MD)	N						
22. Massachusetts (MA)	N						
23. Michigan (MI)	N						
24. Minnesota (MN)	N						
25. Mississippi (MS)	N						
26. Missouri (MO)	N						
27. Montana (MT)	N						
28. Nebraska (NE)	N						
29. Nevada (NV)	N						
30. New Hampshire (NH)	N						
31. New Jersey (NJ)	N						
32. New Mexico (NM)	N						
33. New York (NY)	N						
34. North Carolina (NC)	N						
35. North Dakota (ND)	N						
36. Ohio (OH)	L	1,631,835	1,689,362	19,000		6,377,749	6,743,386
37. Oklahoma (OK)	N						
38. Oregon (OR)	N						
39. Pennsylvania (PA)	N						
40. Rhode Island (RI)	N						
41. South Carolina (SC)	N						
42. South Dakota (SD)	N						
43. Tennessee (TN)	N						
44. Texas (TX)	N						
45. Utah (UT)	N						
46. Vermont (VT)	N						
47. Virginia (VA)	N						
48. Washington (WA)	N						
49. West Virginia (WV)	N						
50. Wisconsin (WI)	N						
51. Wyoming (WY)	N						
52. American Samoa (AS)	N						
53. Guam (GU)	N						
54. Puerto Rico (PR)	N						
55. U.S. Virgin Islands (VI)	N						
56. Northern Mariana Islands (MP)	N						
57. Canada (CN)	N						
58. Aggregate other alien (OT)	X X X						
59. Totals	(a) 1	1,631,835	1,689,362	19,000		6,377,749	6,743,386

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

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

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

11 Schedule Y Part 1 NONE

12 Schedule Y Part 1A - Detail of Insurance Holding Company System NONE

STATEMENT AS OF

March 31, 2012

OF THE

HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire				
2.	Allied lines				
3.	Farmowners multiple peril				
4.	Homeowners multiple peril				
5.	Commercial multiple peril				
6.	Mortgage guaranty				
8.	Ocean marine				
9.	Inland marine				
10.	Financial guaranty				
11.1	Medical professional liability - occurrence	235,478	55,343	23.502	33.500
11.2	Medical professional liability - claims made	1,469,107	359,466	24.468	34.880
12.	Earthquake				
13.	Group accident and health				
14.	Credit accident and health				
15.	Other accident and health				
16.	Workers' compensation				
17.1	Other liability - occurrence				
17.2	Other liability - claims made				
17.3	Excess Workers' Compensation				
18.1	Products liability - occurrence				
18.2	Products liability - claims made				
19.1	19.2 Private passenger auto liability				
19.3	19.4 Commercial auto liability				
21.	Auto physical damage				
22.	Aircraft (all perils)				
23.	Fidelity				
24.	Surety				
26.	Burglary and theft				
27.	Boiler and machinery				
28.	Credit				
29.	International				
30.	Warranty				
31.	Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X	X X X
32.	Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X	X X X
33.	Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X	X X X
34.	Aggregate write-ins for other lines of business				
35.	TOTALS	1,704,585	414,809	24.335	34.798
DETAILS OF WRITE-INS					
3401.	.....				
3402.	.....				
3403.	.....				
3498.	Summary of remaining write-ins for Line 34 from overflow page				
3499.	TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire			
2.	Allied lines			
3.	Farmowners multiple peril			
4.	Homeowners multiple peril			
5.	Commercial multiple peril			
6.	Mortgage guaranty			
8.	Ocean marine			
9.	Inland marine			
10.	Financial guaranty			
11.1	Medical professional liability - occurrence	235,478	235,478	87,438
11.2	Medical professional liability - claims made	1,396,357	1,396,357	1,601,924
12.	Earthquake			
13.	Group accident and health			
14.	Credit accident and health			
15.	Other accident and health			
16.	Workers' compensation			
17.1	Other liability - occurrence			
17.2	Other liability - claims made			
17.3	Excess Workers' Compensation			
18.1	Products liability - occurrence			
18.2	Products liability - claims made			
19.1	19.2 Private passenger auto liability			
19.3	19.4 Commercial auto liability			
21.	Auto physical damage			
22.	Aircraft (all perils)			
23.	Fidelity			
24.	Surety			
26.	Burglary and theft			
27.	Boiler and machinery			
28.	Credit			
29.	International			
30.	Warranty			
31.	Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X
32.	Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X
33.	Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X
34.	Aggregate write-ins for other lines of business			
35.	TOTALS	1,631,835	1,631,835	1,689,362
DETAILS OF WRITE-INS				
3401.	.....			
3402.	.....			
3403.	.....			
3498.	Summary of remaining write-ins for Line 34 from overflow page			
3499.	TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)			

PART 3 (000 omitted)
LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

		1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred		Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2012 Loss and LAE Payments on Claims Reported as of Prior Year-End	2012 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2012 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 11 + 12)
1.	2009 + Prior	1,728	1,289	3,017	136		136	1,563		1,318	2,881	(29)	29	
2.	2010	1,190	794	1,984	123		123	947		914	1,861	(120)	120	
3.	Subtotals 2010 + Prior	2,918	2,083	5,001	259		259	2,510		2,232	4,742	(149)	149	
4.	2011	1,132	2,770	3,902	83		83	899		2,920	3,819	(150)	150	
5.	Subtotals 2011 + Prior	4,050	4,853	8,903	342		342	3,409		5,152	8,561	(299)	299	
6.	2012	X X X	X X X	X X X	X X X	11	11	X X X	426	655	1,081	X X X	X X X	X X X
7.	Totals	4,050	4,853	8,903	342	11	353	3,409	426	5,807	9,642	(299)	299	
8.	Prior Year-End's Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
		13,052										1..... (7.383)	2..... 6.161	3.....
														Col. 13, Line 7 Line 8
	.....													4.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

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

Explanations:

Bar Codes:

Trusteed Surplus Statement



Medicare Part D Coverage Supplement



Director and Officer Supplement



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **March 31, 2012** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
SCHEDULE A - VERIFICATION

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

SCHEDULE B - VERIFICATION

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

SCHEDULE BA - VERIFICATION

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

SCHEDULE D - VERIFICATION

Bonds and Stocks		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	23,323,415	22,574,708
2. Cost of bonds and stocks acquired	2,911,697	3,056,309
3. Accrual of discount	2,453	9,939
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		62,225
6. Deduct consideration for bonds and stocks disposed of	3,449,677	2,274,440
7. Deduct amortization of premium	27,219	105,326
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	22,760,670	23,323,415
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	22,760,670	23,323,415

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

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	23,323,415	2,911,697	3,449,677	(24,765)	22,760,670			23,323,415
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	23,323,415	2,911,697	3,449,677	(24,765)	22,760,670			23,323,415
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	23,323,415	2,911,697	3,449,677	(24,765)	22,760,670			23,323,415

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	1,792,664	X X X	1,792,664	17	

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,012,545	274,418
2.	Cost of short-term investments acquired	1,628,637	1,955,798
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	848,518	1,217,670
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	1,792,664	1,012,545
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	1,792,664	1,012,545

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - Verification
(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	699,740	1,767,206
2.	Cost of cash equivalents acquired	834,895	5,395,594
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	1,353,353	6,463,060
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	181,282	699,740
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	181,282	699,740

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828RR3	US Treasury Note		01/04/2012	Banc/America SEC. LLC	X X X	904,711	900,000.00	2,522	1
912828RR3	US Treasury Note		02/29/2012	CitiGroup Global MKTS	X X X	125,542	125,000.00	735	1
912828NH9	US Treasury Note		03/20/2012	CitiGroup Global MKTS	X X X	1,515,176	1,500,000.00	4,472	1
31417TNK0	FNMA Pool #AC6693		02/23/2012	Banc/America SEC. LLC	X X X	266,268	249,203.46	841	1FE
0599999 Subtotal - Bonds - U.S. Governments					X X X	2,811,697	2,774,203.46	8,570	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)									
15200WAB1	Centerpoint Energy		01/11/2012	Goldman Sachs & Co	X X X	100,000	100,000.00		1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	100,000	100,000.00		X X X
8399997 Subtotal - Bonds - Part 3					X X X	2,911,697	2,874,203.46	8,570	X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	2,911,697	2,874,203.46	8,570	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X		X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	2,911,697	X X X	8,570	X X X

QE04 (a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4
Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

1	2	3 F o r e i g n	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP	Description		Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments																					
31403DJR1	FNMA Pool #745572		03/26/2012	Called	X X X	20,922	20,921.67	20,922	20,922						20,922					06/01/2036	1FE
31416WL91	FNMA Pool #AB1251		03/26/2012	Called	X X X	29,487	29,487.40	29,487	29,487						29,487					07/01/2040	1FE
31410FUZ6	FNMA Pool #888100		03/26/2012	Called	X X X	23,521	23,521.24	23,521	23,521						23,521					09/01/2036	1FE
31402RP29	FNMA Pool #735841		03/26/2012	Called	X X X	39,236	39,235.52	39,236	39,236						39,236					11/01/2019	1FE
31416BTH1	FNMA Pool #995252		03/26/2012	Called	X X X	8,399	8,399.47	8,399	8,399						8,399					12/01/2023	1FE
31417TNK0	FNMA Pool #AC6693		03/26/2012	Called	X X X	6,147	6,146.73	6,147	6,147						6,147					01/01/2040	1FE
31412P6K2	FNMA Pool #931574		03/26/2012	Called	X X X	18,863	18,862.71	18,863	18,863						18,863					02/01/2035	1FE
31417Y2Y2	FNMA Pool #MA0790		03/26/2012	Called	X X X	33,755	33,754.58	33,755	33,755						33,755					06/01/2041	1FE
31408EXV9	FNMA Pool #849492		03/26/2012	Called	X X X	40,780	40,779.64	40,780	40,780						40,780					12/01/2035	1FE
31410G4H3	FNMA Pool #889224		03/26/2012	Called	X X X	16,659	16,658.98	16,659	16,659						16,659					01/01/2037	1FE
31403C6L0	FNMA Pool #745275		03/26/2012	Called	X X X	23,740	23,740.28	23,740	23,740						23,740					02/01/2036	1FE
31403DQG7	FNMA Pool #745755		03/26/2012	Called	X X X	24,843	24,842.79	24,843	24,843						24,843					12/01/2035	1FE
31403DWU9	FNMA Pool #745959		03/26/2012	Called	X X X	23,689	23,689.10	23,689	23,689						23,689					11/01/2036	1FE
31416XBP4	FNMA Pool #AB1845		03/26/2012	Called	X X X	26,611	26,610.63	26,611	26,611						26,611					11/01/2040	1FE
31417YQQ3	FNMA Pool #MA0462		03/26/2012	Called	X X X	29,717	29,717.37	29,717	29,717						29,717					07/01/2025	1FE
31418VUT7	FNMA Pool #AD7793		03/26/2012	Called	X X X	40,857	40,856.80	40,857	40,857						40,857					07/01/2040	1FE
31419FFW1	FNMA Pool #AE4680		03/26/2012	Called	X X X	9,322	9,322.33	9,322	9,322						9,322					11/01/2040	1FE
3133XQ4C3	Federal Home Loan Bank		03/09/2012	Matured	X X X	2,000,000	2,000,000.00	2,056,040	2,002,663		(2,663)		(2,663)		2,000,000				35,000	03/09/2012	1FE
3133XPCS1	Federal Home Loan Bank		03/09/2012	Matured	X X X	1,000,000	1,000,000.00	1,000,000	1,000,000						1,000,000				14,250	03/09/2012	1FE
0599999 Subtotal - Bonds - U.S. Governments					X X X	3,416,547	3,416,547.24	3,472,587	3,419,210		(2,663)		(2,663)		3,416,547				49,250	X X X	X X X
8399997 Subtotal - Bonds - Part 4					X X X	3,416,547	3,416,547.24	3,472,587	3,419,210		(2,663)		(2,663)		3,416,547				49,250	X X X	X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	3,416,547	3,416,547.24	3,472,587	3,419,210		(2,663)		(2,663)		3,416,547				49,250	X X X	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
Common Stock - Industrial and Miscellaneous (Unaffiliated)																					
43812BAG8	Honda Auto Receivables		03/26/2012	Called		33,129	X X X	33,129	33,129						33,129					X X X	1FE
9099999 Subtotal - Common Stock - Industrial and Miscellaneous (Unaffiliated)					X X X	33,129	X X X	33,129	33,129						33,129					X X X	X X X
9799997 Subtotal - Common Stocks - Part 4					X X X	33,129	X X X	33,129	33,129						33,129					X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X	33,129	X X X	33,129	33,129						33,129					X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	33,129	X X X	33,129	33,129						33,129					X X X	X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	3,449,677	X X X	3,505,717	3,452,340		(2,663)		(2,663)		3,449,677				49,250	X X X	X X X

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

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D NONE

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

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
PNC Bank							15,565	1,830	632	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - open depositories			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X			15,565	1,830	632	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - suspended depositories			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X			15,565	1,830	632	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X			15,565	1,830	632	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
8399999 Subtotals - Bonds							
Sweep Accounts							
PNC Premium Business Money Market			0.000		181,281		211
8499999 Sweep Accounts					181,281		211
8599999 Other Cash Equivalents							
8699999 Total - Cash Equivalents					181,281		211



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

		1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
				3	4		6	7	
States, Etc.		Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	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)	1,631,835	1,704,585	19,000	1	414,809	3,292,000	46	3,085,749
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	1,631,835	1,704,585	19,000	1	414,809	3,292,000	46	3,085,749
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)								

Supp5 Sup. A To T - Hospitals NONE

Supp5 Sup. A To T - Other Healthcare Professionals NONE

Supp5 Sup. A To T - Other Healthcare Facilities NONE

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