



QUARTERLY STATEMENT
AS OF MARCH 31, 2012
OF THE CONDITION AND AFFAIRS OF THE
OHIC Insurance Company

NAIC Group Code	0831	0831	NAIC Company Code	35602	Employer's ID Number	31-0926059
	(current period)	(prior period)				
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	UNITED STATES OF AMERICA					
Incorporated/Organized	02/09/1978		Commenced Business	03/01/1978		
Statutory Home Office	155 E BROAD STREET, 4TH FLOOR			COLUMBUS, OH 43215-3614		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	185 GREENWOOD ROAD					
	(Street and Number)					
	NAPA, CA 94558			(707)226-0100		
	(City or Town, State and Zip Code)			(Area Code)(Telephone Number)		
Mail Address	PO BOX 2900			NAPA, CA 94558		
	(Street and Number)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	185 GREENWOOD ROAD					
	(Street and Number)					
	NAPA, CA 94558			(707)226-0100		
	(City or Town, State and Zip Code)			(Area Code)(Telephone Number)		
Internet Website Address	www.thedoctors.com					
Statutory Statement Contact	DOUGLAS CHARLES WILL			(707)226-0100		
	(Name)			(Area Code)(Telephone Number)		
	statefilingOHIC@thedoctors.com			(707)226-0180		
	(E-Mail Address)			(Fax Number)		

OFFICERS

Name	Title
RICHARD ELLIOTT ANDERSON MD	PRESIDENT, CHIEF EXECUTIVE OFFICER
THOMAS GEORGE LUFFY	TREASURER
DAVID ARMAND MCHALE	SECRETARY

OTHERS

DAVID GERARD PREIMESBERGER, CHIEF FINANCIAL OFFICER ROBERT DAVID FRANCIS, CHIEF OPERATING OFFICER THOMAS GEORGE LUFFY, VICE PRESIDENT DOUGLAS WILLIAM BOLTZ, ASSISTANT VICE PRESIDENT	DARRELL BLAIR RANUM, REGIONAL VICE PRESIDENT DOUGLAS CHARLES WILL, VICE PRESIDENT MICHAEL YACOB, SENIOR VICE PRESIDENT
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DIRECTORS OR TRUSTEES

RICHARD ELLIOTT ANDERSON MD DAVID GERARD PREIMESBERGER DAVID ARMAND MCHALE	ROBERT DAVID FRANCIS DENNIS BRYAN LAWTON PhD
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State of California

County of NAPA ss

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

(Signature)	(Signature)	(Signature)
ROBERT DAVID FRANCIS	DAVID ARMAND MCHALE	DAVID GERARD PREIMESBERGER
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
CHIEF OPERATING OFFICER	SECRETARY	CHIEF FINANCIAL OFFICER
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____ 2012, by Robert David Francis, proved to me on the basis of satisfactory evidence to be the person who appeared before me, and David Armand McHale, proved to me on the basis of satisfactory evidence to be the person who appeared before me, and David Gerard Preimesberger, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

a. Is this an original filing?	Yes[X] No[]
b. If no:	1. State the amendment number 0
	2. Date filed
	3. Number of pages attached 0

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	December 31 Prior Year Net Admitted Assets
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1.	Bonds	89,180,356		89,180,356	100,679,591
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 (\$.....(499,717)), cash equivalents (\$.....0) and short-term investments (\$.....196,947)	(302,770)		(302,770)	4,343,080
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				465,864
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	88,877,586		88,877,586	105,488,535
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	893,540		893,540	1,045,320
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	314,769		314,769	395,656
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)	112,525		112,525	415,068
15.3	Accrued retrospective premiums				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	338,348		338,348	1,186,658
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon	973,312		973,312	
18.2	Net deferred tax asset	1,337,802		1,337,802	1,746,162
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
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	19,548		19,548	
24.	Health care (\$.....0) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets	289,033		289,033	289,033
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	93,156,462		93,156,462	110,566,432
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	93,156,462		93,156,462	110,566,432
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.	Miscellaneous Assets	289,033		289,033	289,033
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)	289,033		289,033	289,033

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current Statement Date	December 31 Prior Year
1.	Losses (current accident year \$.....30,167)	21,114,263	21,795,340
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses	7,426,097	6,271,867
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)	437,676	452,735
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	5	83,901
7.1	Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses))		649,647
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 \$.....0 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)	372,372	1,101,978
10.	Advance premium		
11.	Dividends declared and unpaid:		
11.1	Stockholders		
11.2	Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)	806,377	1,767,801
13.	Funds held by company under reinsurance treaties	18,644,935	33,355,205
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance	17,221	17,221
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates	200,835	285,047
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	5,539	5,539
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	49,025,321	65,786,281
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	49,025,321	65,786,281
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock	3,591,990	3,591,990
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus	32,734,144	32,734,144
35.	Unassigned funds (surplus)	7,805,007	8,454,017
36.	Less treasury stock, at cost:		
36.10 shares common (value included in Line 30 \$.....0)		
36.20 shares preferred (value included in Line 31 \$.....0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	44,131,141	44,780,151
38.	Totals (Page 2, Line 28, Col. 3)	93,156,462	110,566,432
DETAILS OF WRITE-INS			
2501.	Misc. Liability	5,539	5,539
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)	5,539	5,539
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 \$.....389)	729,995	1,678,430	6,355,873
1.2	Assumed (written \$.....0)			
1.3	Ceded (written \$.....646,607)	646,607	1,708,563	5,599,300
1.4	Net (written \$.....(646,219))	83,388	(30,133)	756,573
DEDUCTIONS:				
2.	Losses incurred (current accident year \$.....30,167)			
2.1	Direct	(1,442,889)	1,199,727	(3,576,599)
2.2	Assumed			
2.3	Ceded	(1,836,812)	953,054	4,617,029
2.4	Net	393,923	246,673	(8,193,629)
3.	Loss adjustment expenses incurred	2,176,697	1,261,988	4,913,372
4.	Other underwriting expenses incurred	186,559	184,181	4,222,548
5.	Aggregate write-ins for underwriting deductions			
6.	Total underwriting deductions (Lines 2 through 5)	2,757,179	1,692,842	942,291
7.	Net income of protected cells			
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(2,673,792)	(1,722,975)	(185,718)
INVESTMENT INCOME				
9.	Net investment income earned	997,199	1,878,197	6,250,142
10.	Net realized capital gains (losses) less capital gains tax of \$.....320,495	595,206	(161,388)	3,000,607
11.	Net investment gain (loss) (Lines 9 + 10)	1,592,405	1,716,809	9,250,749
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	(453,070)	(410,328)	(1,615,451)
15.	Total other income (Lines 12 through 14)	(453,070)	(410,328)	(1,615,451)
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(1,534,457)	(416,494)	7,449,580
17.	Dividends to policyholders			
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)	(1,534,457)	(416,494)	7,449,580
19.	Federal and foreign income taxes incurred	(1,293,807)	(566,194)	(948,477)
20.	Net income (Line 18 minus Line 19) (to Line 22)	(240,650)	149,700	8,398,058
CAPITAL AND SURPLUS ACCOUNT				
21.	Surplus as regards policyholders, December 31 prior year	44,780,151	102,769,207	102,769,207
22.	Net income (from Line 20)	(240,650)	149,700	8,398,058
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	(1,513,573)	(1,276,660)	(2,595,568)
27.	Change in nonadmitted assets	159,047	1,429,956	5,101,613
28.	Change in provision for reinsurance	0	0	1,106,841
29.	Change in surplus notes			
30.	Surplus (contributed to) withdrawn from Protected cells			
31.	Cumulative effect of changes in accounting principles	946,166		
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			(25,265,856)
33.2	Transferred to capital (Stock Dividend)			
33.3	Transferred from capital			
34.	Net remittances from or (to) Home Office			
35.	Dividends to stockholders			(44,734,144)
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)	(649,010)	302,996	(57,989,056)
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	44,131,141	103,072,203	44,780,151
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.	Interest on FWA	(453,070)	(410,328)	(1,615,707)
1402.	Misc Income			256
1403.			
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	(453,070)	(410,328)	(1,615,451)
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	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	(1,224,212)	443,017	(2,711,058)
2.	Net investment income	1,363,649	2,362,539	8,245,090
3.	Miscellaneous income	(453,070)	(410,328)	(1,615,451)
4.	Total (Lines 1 to 3)	(313,633)	2,395,228	3,918,582
5.	Benefit and loss related payments	226,690	(1,285,971)	(6,429,823)
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	1,307,982	1,257,219	10,949,745
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....320,495 tax on capital gains (losses)	649,647	10,211,920	10,229,505
10.	Total (Lines 5 through 9)	2,184,318	10,183,167	14,749,427
11.	Net cash from operations (Line 4 minus Line 10)	(2,497,951)	(7,787,939)	(10,830,845)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	20,044,851	25,187,334	157,660,383
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	465,864		
12.8	Total investment proceeds (Lines 12.1 to 12.7)	20,510,715	25,187,334	157,660,383
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	7,844,585	14,527,290	73,822,030
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications		761,098	465,864
13.7	Total investments acquired (Lines 13.1 to 13.6)	7,844,585	15,288,388	74,287,894
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)	12,666,130	9,898,946	83,372,489
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		0	(25,265,856)
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders		9,600,000	54,334,144
16.6	Other cash provided (applied)	(14,814,029)	1,796,106	3,077,762
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(14,814,029)	(7,803,894)	(76,522,238)
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)	(4,645,850)	(5,692,887)	(3,980,594)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	4,343,080	8,323,674	8,323,674
19.2	End of period (Line 18 plus Line 19.1)	(302,770)	2,630,787	4,343,080

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

Accounting Practices

A. The accompanying financial statements of OHIC Insurance Company (OHIC or The Company) have been prepared on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The State of Ohio requires insurance companies domiciled in the State of Ohio to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) subject to any deviations prescribed or permitted by the Ohio Insurance Department. OHIC has no prescribed or permitted practices exceptions.

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

No significant change

C. Accounting Policies

No significant change

2. Accounting Changes and Correction of Errors

In August 2011, the NAIC approved revisions detailed in SSAP No. 101, Income Taxes, A Replacement of SSAP No. 10R and SSAP No. 10 (SSAP No. 101) which was effective January 1, 2012. The new standard requires recognition of any tax loss contingency greater than 50% of tax benefit originally recognized, revises the second component of the admissibility test, adds new tax-planning strategy guidance, and requires expanded disclosures. In accordance with SSAP No. 101, the Company recognized a \$946,166 cumulative increase in prior year surplus.

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

A. Mortgage Loans

None

B. Troubled Debt Restructuring for Creditors

None

C. Reverse Mortgages

None

D. Loan-backed Securities

1. Prepayment assumptions for loan-backed and structured securities were obtained from broker dealer survey values or internal estimates.
2. The Company has no securities within the scope of SSAP No. 43R with a recognized other-than-temporary impairment
3. Security with a recognized other-than-temporary impairment, currently held by the reporting entity, as the present value of cash flows expected to be collected is less than the amortized cost basis of the securities
- None
4. The Company has the following securities with fair value less than amortized cost for which an other-than-temporary impairment has not been recognized in earnings as realized loss.

- a. The aggregate amount of unrealized losses:

1. Less than 12 Months\$ 14,493

2. 12 Months or Longer\$ 11,582
- b. The aggregate related fair value of securities with unrealized losses:

3. Less than 12 Months\$3,130,749

4. 12 Months or Longer\$ 198,925

Notes to Financial Statement

5. All loan-backed and structured securities in an unrealized loss position were reviewed to determine whether other-than-temporary impairments should be recognized. The Company asserts that it has the intent and ability to hold these securities long enough to all the cost basis of the securities to be recovered. These conclusions are supported by a detailed analysis of the underlying credit and cash flows of each security. Unrealized losses are primarily attributed to credit spread widening and increased liquidity discounts. It is possible that the Company could recognize other-than-temporary impairments in the future on some of the securities if future events, information and the passage of time causes it to conclude that declines in value are other-than-temporary.

E. Repurchase Agreements and or Securities Lending Transactions

None

F. Real Estate:

None

G. Low Income Housing Tax Credits (LIHTC)

None

6. Joint Ventures, Partnerships and Limited Liability Corporations

None

7. Investment Income

A. Accrued Investment Income

The Company non-admits investment income due and accrued if amounts are over 90 days past due, (180 days for mortgage loans or amounts on mortgage loans in default).

B. Amounts Nonadmitted

None

8. Derivative Instruments

None

9. Income Taxes

A. The components of the deferred tax asset (liability) at March 31, 2012 are as follows

1.

	March 31, 2012			December 31, 2011			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross deferred tax assets	1,374,057	-	1,374,057	2,886,164	-	2,886,164	(1,512,107)	-	(1,512,107)
(b) Statutory valuation allowance	-	-	-	-	-	-	-	-	-
(c) Adjusted gross deferred tax assets (1a - 1b)	1,374,057	-	1,374,057	2,886,164	-	2,886,164	(1,512,107)	-	(1,512,107)
(d) Deferred tax assets non-admitted	-	-	-	1,105,213	-	1,105,213	(1,105,213)	-	(1,105,213)
(e) Subtotal net admitted deferred tax asset(1c - 1d)	1,374,057	-	1,374,057	1,780,951	-	1,708,951	(406,894)	-	(406,894)
(f) Deferred tax liabilities	(36,225)	-	(36,255)	(34,789)	-	(34,789)	(1,466)	-	(1,466)
(g) Net admitted deferred tax assets/(net deferred tax liability) (1e - 1f)	1,337,802	-	1,337,802	1,746,162	-	1,746,162	(408,360)	-	(408,360)

Notes to Financial Statement

2.

	March 31, 2012			December 31, 2011			Change		
SSAP 101, paragraphs 11.a., 11.b., and 11.c.:	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	-	-	-	1,746,162	-	1,746,162	(1,746,162)	-	(1,746,162)
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (the lesser of 2(b)1 and 2(b)2 below)	1,374,057	XXX	1,374,057	-	XXX	-	1,374,057	XXX	1,374,057
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	1,374,057	XXX	1,374,057	-	XXX	-	1,374,057	XXX	1,374,057
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	6,413,563	XXX	XXX	-	XXX	XXX	6,413,563
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	(36,255)	XXX	(36,255)	-	XXX	-	(36,255)	XXX	(36,255)
(d) Deferred tax assets admitted as the result of application of SSAP No. 101 total (2(a) + 2(b) + 2(c))	1,337,802	-	1,337,802	1,746,162	-	1,746,162	(408,360)	-	(408,360)

3.

	2012	2011
	Percentage	Percentage
(a) Ratio percentage used to determine recovery period and threshold limitation amount	1,142%	1,149%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 Above	42,757,084	43,033,989

(c) The Company’s tax-planning strategies did not include the use of reinsurance-related tax planning strategies.

	March 31, 2012			December 31, 2011			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Impact of tax planning strategies									
(a) Adjusted gross DTAs (% of total adjusted gross DTAs)	0%	0%	0%	0%	0%	0%	0%	0%	0%
(b) Net admitted adjusted gross DTAs (% of total net admitted adjusted gross DTAs)	0%	0%	0%	0%	0%	0%	0%	0%	0%

B. Deferred tax liabilities have all been recognized.

C. Current tax and change in deferred tax

1. Current income tax:

	2012	2011	Change
(a) Federal	(1,293,807)	(948,477)	(345,330)
(b) Foreign	-	-	-
(c) Subtotal	(1,293,807)	(948,477)	(345,330)
(d) Federal income tax on net capital gains	320,495	1,615,711	(1,295,216)
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	-	-
Federal and foreign income taxes incurred	(973,312)	667,234	(1,640,546)

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and deferred tax liabilities are as follows:

Deferred Tax Assets	2012	2011	Change	Character
Discounting of unpaid losses and LAE	739,373	756,641	(17,268)	Ordinary
Unearned premium reserve	26,066	77,139	(51,073)	Ordinary
Net Operating Loss	492,182	1,934,213	(1,442,031)	Ordinary
Other	116,436	118,171	(1,735)	Ordinary
Gross deferred tax assets	1,374,057	2,886,164	(1,512,107)	
Non-admitted deferred tax assets	-	1,105,213	(1,105,213)	
Admitted deferred tax assets	1,374,057	1,780,951	(406,894)	
Deferred Tax Liabilities				
Bond discount accretion	36,255	34,789	1,466	Ordinary
Gross deferred tax liabilities	36,255	34,789	1,466	
Net admitted deferred tax asset	1,337,802	1,746,162	(408,360)	

Notes to Financial Statement

The change in Net Deferred Income Taxes is comprised of the following:

	2012	2011	Change
Total Gross Deferred Tax Assets	1,374,057	2,886,164	(1,512,107)
Total Gross Deferred Tax Liabilities	36,255	34,789	1,466
Net Deferred Tax Asset	1,337,802	2,851,375	(1,513,573)
Deferred tax on change in unrealized capital gains			-
Change in net deferred income tax			(1,513,573)

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The significant items that cause the difference between statutory federal income tax rate of 35% and the Company's effective income tax rate are as follows:

	2012	Effective Tax Rate
Provision Computed at Statutory Rate	(424,887)	35%
Increase/(Decrease) in taxes resulting from:		
Tax-exempt Interest	(116,341)	10%
Loss and LAE Reserves	(17,268)	1%
Accrued Market Discount	(1,466)	-%
Unearned Premium Reserves	(51,072)	4%
Net Operating Loss	(360,508)	30%
Other	(1,769)	-%
Total Current Provision	(973,311)	80%

E. At December 31, 2012, the Company had

Net operating loss carryforward	\$ 1,406,234
Capital loss carryforward	\$ -
AMT credit carryforward	\$ -

The following is income tax expense that is available for recoupment in the event of future net losses.

Year	Amount
2012	\$ -
2011	\$ 649,647

F. The Company and its parent's Federal Income Tax Return are consolidated with The Doctors Company ("TDC") and its subsidiaries. See Schedule Y for a complete list of the entities with which the Federal Tax Return is consolidated for the current year. The method of allocation between the companies is subject to a written agreement approved by the Board of Directors. Tax payments are made to, or refunds received from TDC in amounts which would result from filing separate tax returns with federal taxing authorities.

10. Information Concerning Parent, Subsidiaries and Affiliates

D. Amounts Due to or from Related Parties:

	(Due To)	Due From
SCPIE	930	-
TDC	-	17,070
TDCIS	-	2,478
TDMC	199,905	-
Total Due (To/From)	200,835	19,548

11. Debt

None

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

None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations –

No significant change

14. Contingencies

No significant change

Notes to Financial Statement

15.

Leases

None
16.

Information about Financial Instruments With Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

None
17.

Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A.

Transfers of Receivables Reported as Sales

None

B.

Transfers and Servicing of Financial Assets

None

C.

Wash Sales

None
18.

Gain or Loss to the Reporting Entity from Uninsured A & H Plans and the Uninsured Portion of Partially Insured Plans

None
19.

Direct Premium Written / Produced by Managing General Agents / Third Party Administrators

None
20.

Fair Value Measurement

- A.

Assets Measured and Reported at Fair Value

1.

Fair Value Hierarchy

None

2.

Fair Value Measurements in (Level 3) of the Heirarchy Rollforward

No Level 3 assets were held and no transfers in or out of Level 3 were made during the reporting period.

3.

Recognition of Transfers

The Company’s policy is to recognize transfers in and out of Level 3 as of the end of the reporting period, if applicable.

4.

Inputs and Techniques Used for Fair Value Measurement

Level 1 – Quoted prices in active markets for identical assets and liabilities: This category for items measured at fair value includes exchange-traded common and preferred stocks. The fair value of these instruments is based on quoted prices in active markets.

Level 2 – Significant observable inputs: This category includes long-term bonds and other securities whose pricing might be readily available or approximated based on other known prices or factors, but would not meet the definition of a Level 1 pricing system.

Level 3 – Significant unobservable inputs: Limited partnerships that hold marketable securities and other investments are included in this category.

5.

Derivative Assets and Liabilities

None
- C.

Aggregate Fair Values by Fair Value Hierarchy

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (carrying value)
Bonds	96,171,973	89,180,356	-	96,171,973	-	-
Short-term/Cash Equivalent	196,945	196,945	-	-	-	196,945

D. Not Practicable to Estimate Fair Value

Type of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
Short-term/Cash Equivalent	196,945	0.01%	N/A	See below

It is not practicable to estimate the fair value of the Company's short-term investment portfolio. These assets are exempt and class one money market funds, quoted market prices are not available and the cost of obtaining independent valuation would be prohibitive considering the potential difference between the carrying value and fair value of these financial instruments. Such a difference would be minimal and limited due to the short-term duration of the securities.

21. Other Items

No significant change

22. Events Subsequent

None

23. Reinsurance

No significant change

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

None

25. Change in Incurred Losses and Loss Adjustment Expenses

Incurred losses and loss adjustment expenses attributable to insured events of prior years has decreased by \$2,510,672 from \$734,514,996 in 2011 to \$737,025,668 in 2012 as a result of reestimation of unpaid losses and loss adjustment expenses on medical malpractice lines of insurance. This increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

The Company has no structured settlements where it is contingently liable.

28. Health Care Receivables

None

29. Participating Policies

None

30. Premium Deficiency Reserves

Liability carried for premium deficiency reserves	\$ 0
Date of the most recent evaluation of this liability	12/31/2011
Was anticipated investment income utilized in the calculation	No

31. High Deductibles

None

32. Discounting of Liabilities for Unpaid Losses and Unpaid Loss Adjustment Expenses

The Company does not discount reserves.

33. Asbestos / Environmental Reserves

None

34. Subscriber Savings Accounts

None

Notes to Financial Statement

35. Multiple Peril Crop Insurance

None

36. Financial Guarantee Insurance

None

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[] No[X]
- 2.2 If yes, date of change:
3. Have there been any substantial changes in the organizational chart since the prior quarter end?
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[X] N/A[]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2011
- 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).

12/04/2009
- 6.4 By what department or departments?
- 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[X] No[] N/A[]
- 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:

\$..... 17,070

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
Union Bank	350 California Street, Flr 6, San Francisco, CA 94104

- 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
104518	Deutsche Investment Management Americas Inc	345 Park Avenue, New York, NY 10154

- 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

.....0.000%
- 5.2 A&H cost containment percent

.....0.000%
- 5.3 A&H expense percent excluding cost containment expenses

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

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

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

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

\$.....0

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

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Is Insurer Authorized? (Yes or No)
U.S. insurers				
26921 ...	22-2005057 ..	EVEREST REINS CO	DE Yes[X] No[] .
10227 ...	13-4924125 ..	MUNICH REINS AMER INC	DE Yes[X] No[] .
23680 ...	47-0698507 ..	ODYSSEY AMER REINS CO	CT Yes[X] No[] .
00000 ...	AA-1460146 .	SWISS REINS CO	CH Yes[X] No[] .
All other insurers				
00000 ...	AA-1126566 .	LLOYD'S SYNDICATE NUMBER 566 (INCIDENTAL TO 2999)	GB Yes[X] No[] .

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)	L						
3. Arizona (AZ)	L						
4. Arkansas (AR)	L						
5. California (CA)	N						
6. Colorado (CO)	L						
7. Connecticut (CT)	N						
8. Delaware (DE)	N						
9. District of Columbia (DC)	N						
10. Florida (FL)	N						
11. Georgia (GA)	L						
12. Hawaii (HI)	N						
13. Idaho (ID)	L						
14. Illinois (IL)	L					5,820,722	5,983,234
15. Indiana (IN)	L					1,494,971	1,582,150
16. Iowa (IA)	L						
17. Kansas (KS)	L						
18. Kentucky (KY)	L					3,006,428	4,231,426
19. Louisiana (LA)	N						
20. Maine (ME)	N						
21. Maryland (MD)	L					16,779,440	2,753,005
22. Massachusetts (MA)	N						
23. Michigan (MI)	L						143,400
24. Minnesota (MN)	L						
25. Mississippi (MS)	N						
26. Missouri (MO)	L						
27. Montana (MT)	L						
28. Nebraska (NE)	L						
29. Nevada (NV)	L						
30. New Hampshire (NH)	N						
31. New Jersey (NJ)	E						
32. New Mexico (NM)	L						
33. New York (NY)	L						
34. North Carolina (NC)	N						
35. North Dakota (ND)	L						
36. Ohio (OH)	L	389	3,536,076	1,075,000	50,000	20,922,267	42,522,309
37. Oklahoma (OK)	L						
38. Oregon (OR)	L						
39. Pennsylvania (PA)	L					752,551	750,000
40. Rhode Island (RI)	N						
41. South Carolina (SC)	N						
42. South Dakota (SD)	L						
43. Tennessee (TN)	L						
44. Texas (TX)	L						
45. Utah (UT)	L						
46. Vermont (VT)	N						
47. Virginia (VA)	N						
48. Washington (WA)	L					150,000	150,000
49. West Virginia (WV)	L						2,004,039
50. Wisconsin (WI)	L					1,466,299	1,800,103
51. Wyoming (WY)	L					205,094	150,000
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) 33	389	3,536,076	1,075,000	50,000	50,597,771	62,069,666

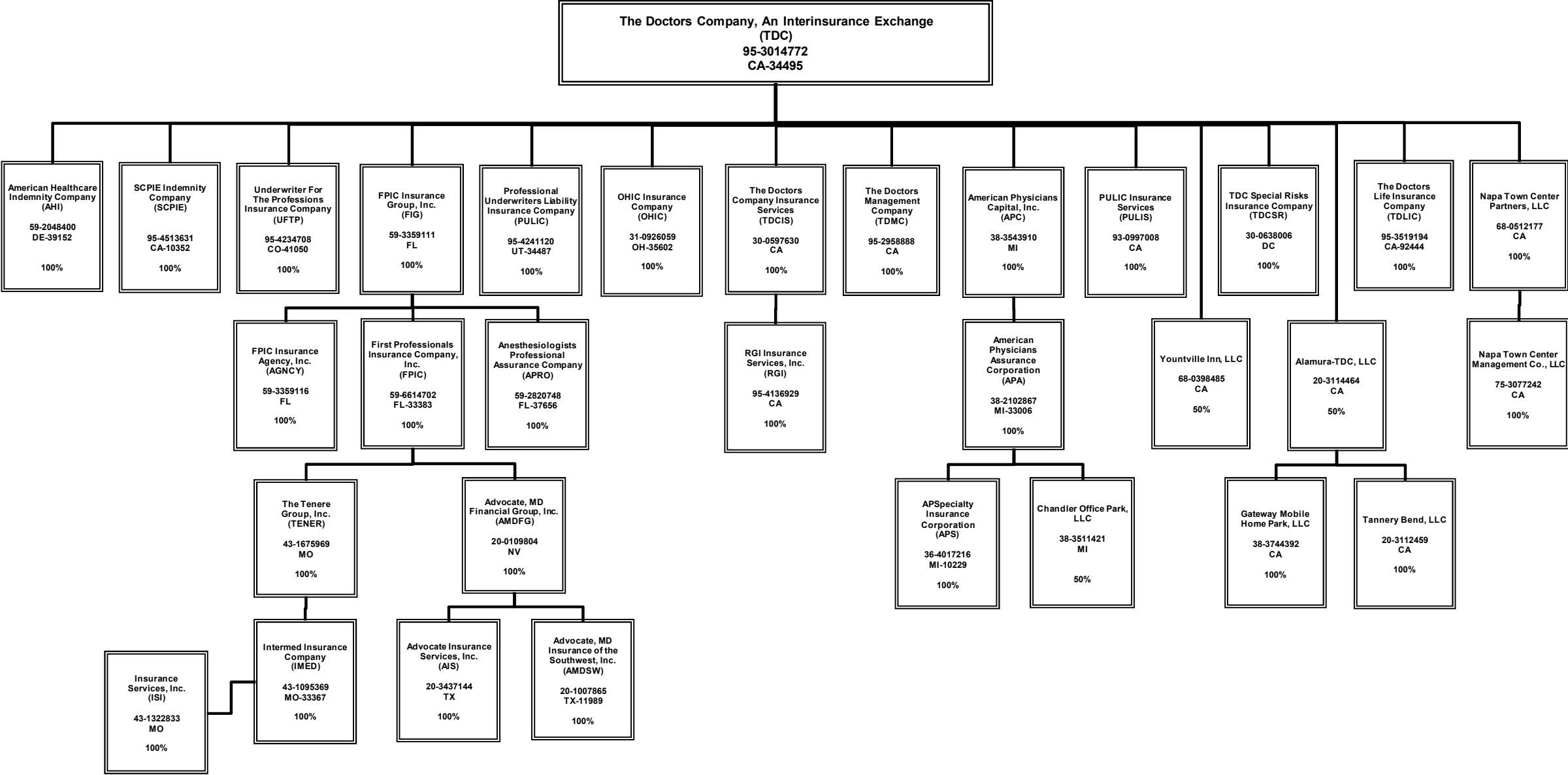
DETAILS OF WRITE-INS							
5801.	X X X						
5802.	X X X						
5803.	X X X						
5898. Summary of remaining write-ins for Line 58 from overflow page	X X X						
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X						

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

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

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

Q11



SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
0831	The Doctors Group	34495	95-3014772				The Doctors Company, An Interinsurance Exchange	CA	UDP	The Doctors Management Company	Ownership, Board of Directors, Attorney-In-Fact			
0831	The Doctors Group	00000	20-3437144				Advocate Insurance Services, Inc.	TX	NIA	Advocate, MD Financial Group, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	20-3437144				Advocate Insurance Services, Inc.	TX	NIA	Advocate, MD Financial Group, Inc.	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	20-0109804				Advocate, MD Financial Group, Inc.	NV	NIA	First Professions Insurance Company, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	20-0109804				Advocate, MD Financial Group, Inc.	NV	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	11989	20-1007865				Advocate, MD Insurance of the Southwest, Inc.	TX	IA	Advocate, MD Financial Group, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	11989	20-1007865				Advocate, MD Insurance of the Southwest, Inc.	TX	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	20-3114464				Altamura-TDC, LLC	CA	NIA	The Doctors Company, An Interinsurance Exchange	Influence	50.0	The Doctors Company, An Interinsurance Exchange, George Altamura Sr.	
0831	The Doctors Group	39152	59-2048400				American Healthcare Indemnity, Inc.	DE	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	39152	59-2048400				American Healthcare Indemnity, Inc.	DE	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	33006	38-2102867				American Physicians Assurance Corporation	MI	IA	American Physicians Capital, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	33006	38-2102867				American Physicians Assurance Corporation	MI	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	38-3543910				American Physicians Capital, Inc.	MI	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	38-3543910				American Physicians Capital, Inc.	MI	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	37656	59-2820748				Anesthesiologists Professional Assurance Company	FL	IA	FPIC Insurance Group, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	37656	59-2820748				Anesthesiologists Professional Assurance Company	FL	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	10229	36-4017216				APSpecialty Insurance Corporation	MI	IA	American Physicians Assurance Corporation	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	10229	36-4017216				APSpecialty Insurance Corporation	MI	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	38-3511421				Chandler Office Park, LLC	MI	NIA	American Physicians Assurance Corporation	Influence	50.0	The Doctors Company, An Interinsurance Exchange, Chandler Farms, LLC	
0831	The Doctors Group	33383	59-6614702				First Professionals Insurance Company, Inc.	FL	IA	FPIC Insurance Group, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	33383	59-6614702				First Professionals Insurance Company, Inc.	FL	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	59-3359116				FPIC Insurance Agency, Inc.	FL	NIA	FPIC Insurance Group, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	59-3359116				FPIC Insurance Agency, Inc.	FL	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	59-3359111				FPIC Insurance Group, Inc.	FL	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
0831	The Doctors Group	00000	59-3359111				FPIC Insurance Group, Inc.	FL	NIA	The Doctors Management Company	Board of Directors, Management Influence	100.0	The Doctors Management Company	
0831	The Doctors Group	00000	38-3744392				Gateway Mobile Home Park, LLC	CA	NIA	Altamura-TDC, LLC		100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	43-1322833				Insurance Services, Inc.	MO	NIA	Intermed Insurance Company	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	43-1322833				Insurance Services, Inc.	MO	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	33367	43-1095369				Intermed Insurance Company	MO	IA	The Tenere Group, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	33367	43-1095369				Intermed Insurance Company	MO	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	75-3077242				Napa Town Center Management Company, LLC	CA	NIA	Napa Town Center Partners, LLC	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	68-0512177				Napa Town Center Partners, LLC	CA	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	35602	31-0926059				OHIC Insurance Company	OH		The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	35602	31-0926059				OHIC Insurance Company	OH		The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	34487	95-4241120				Professional Underwriters Liability Insurance Company	UT	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	34487	95-4241120				Professional Underwriters Liability Insurance Company	UT	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	93-0997008				PULIC Insurance Services	CA	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	93-0997008				PULIC Insurance Services	CA	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	95-4136929				RGI Insurance Services, Inc	CA	NIA	The Doctors Company Insurance Services	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	95-4136929				RGI Insurance Services, Inc	CA	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	10352	95-4513631				SCPIE Indemnity Company	CA	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	10352	95-4513631				SCPIE Indemnity Company	CA	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	20-3112459				Tannery Bend, LLC	CA	NIA	Altamura-TDC, LLC	Influence	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	30-0638006				TDC Special Risks Insurance Company	DC	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	30-0638006				TDC Special Risks Insurance Company	DC	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	30-0597630				The Doctors Company Insurance Services	CA	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	30-0597630				The Doctors Company Insurance Services	CA	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	92444	95-3519194				The Doctors Life Insurance Company	CA	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	92444	95-3519194				The Doctors Life Insurance Company	CA	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
0831 ..	The Doctors Group	00000	95-2958888	The Doctors Management Company	CA NIA ..	The Doctors Company, An Interinsurance Exchange	Ownership 100.0	The Doctors Company, An Interinsurance Exchange
0831 ..	The Doctors Group	00000	43-1675969	The Tenere Group, Inc.	MO NIA ..	First Professionals Insurance Company, Inc.	Ownership 100.0	The Doctors Company, An Interinsurance Exchange
0831 ..	The Doctors Group	00000	43-1675969	The Tenere Group, Inc.	MO NIA ..	The Doctors Management Company	Board of Directors, Management	The Doctors Management Company
0831 ..	The Doctors Group	41050	95-4234708	Underwriter For The Professions Insurance	CO IA ...	The Doctors Company, An Interinsurance Exchange	Ownership 100.0	The Doctors Company, An Interinsurance Exchange
0831 ..	The Doctors Group	41050	95-4234708	Underwriter For The Professions Insurance	CO IA ...	The Doctors Management Company	Board of Directors, Management	The Doctors Management Company
0831 ..	The Doctors Group	00000	68-0398485	Yountville Inn, LLC	CA NIA ..	The Doctors Company, An Interinsurance Exchange	Influence 50.0	The Doctors Company, An Interinsurance Exchange, Altamura Family, LLC

Asterisk	Explanation
0000001

STATEMENT AS OF **March 31, 2012** OF THE **OHIC Insurance Company**

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	57,078	477,016	835.726	367.761
11.2	Medical professional liability - claims made	672,917	(1,919,905)	(285.311)	44.246
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	729,995	(1,442,889)	(197.657)	71.479
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			345,548
11.2	Medical professional liability - claims made	389	389	3,190,528
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	389	389	3,536,076
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	17,534	9,467	27,001	2,088		2,088	18,195		9,457	27,652	2,749	(10)	2,739
2.	2010	135	517	652				127		386	513	(8)	(131)	(139)
3.	Subtotals 2010 + Prior	17,669	9,984	27,653	2,088		2,088	18,322		9,843	28,165	2,741	(141)	2,600
4.	2011	191	223	414	10		10	228		86	314	47	(137)	(90)
5.	Subtotals 2011 + Prior	17,860	10,207	28,067	2,098		2,098	18,550		9,929	28,479	2,788	(278)	2,510
6.	2012	X X X	X X X	X X X	X X X	(1)	(1)	X X X	26	35	61	X X X	X X X	X X X
7.	Totals	17,860	10,207	28,067	2,098	(1)	2,097	18,550	26	9,964	28,540	2,788	(278)	2,510
8.	Prior Year-End's Surplus As Regards Policyholders	44,780										Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
												1..... 15.610	2..... (2.724)	3..... 8.943
														Col. 13, Line 7 Line 8
													4..... 5.605

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

N O N E

STATEMENT AS OF **March 31, 2012** OF THE **OHIC Insurance Company**

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	100,679,591	180,857,949
2. Cost of bonds and stocks acquired	7,844,585	73,822,030
3. Accrual of discount	10,527	30,449
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	915,701	4,616,318
6. Deduct consideration for bonds and stocks disposed of	20,044,851	157,660,383
7. Deduct amortization of premium	225,197	986,772
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)	89,180,356	100,679,591
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	89,180,356	100,679,591

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)	91,299,371	6,638,934	16,467,754	(207,786)	81,262,765			91,299,371
2. Class 2 (a)	10,527,302	2,333,236	4,739,118	(6,884)	8,114,536			10,527,302
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	101,826,673	8,972,170	21,206,872	(214,670)	89,377,301			101,826,673
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	101,826,673	8,972,170	21,206,872	(214,670)	89,377,301			101,826,673

(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	196,947	X X X	196,946	11	

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	1,147,084	7,148,661
2.	Cost of short-term investments acquired	1,127,585	10,866,407
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	2,077,722	16,867,984
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)	196,947	1,147,084
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	196,947	1,147,084

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

SI08 Schedule E - Verification (Cash Equivalents) NONE

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. Special Revenue, Special Assessment									
31417Y5Z6	FNMA PASS-THRU LNG 30 YEAR		02/01/2012	WELLS FARGO	X X X	393,809	368,045.64	552	1
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					X X X	393,809	368,045.64	552	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)									
21685WDD6	COOPERATIEVE CENTRALE RAIFFEI	R	02/01/2012	MERRILL LYNCH FIXED INCOM	X X X	625,099	630,000.00		1FE
21686CAD2	COOPERATIEVE CENTRALE RAIFFEIS	R	01/11/2012	Barclays Capital	X X X	409,643	410,000.00		1FE
63254AAB4	NATIONAL AUSTRALIA BK LTD144A	R	03/01/2012	MERRILL LYNCH FIXED INCOM	X X X	628,860	630,000.00		1FE
65504LAK3	NOBLE HOLD INT LTD	R	02/07/2012	Barclays Capital	X X X	996,470	1,000,000.00		2FE
14040HAZ8	CAPITAL ONE FINL CORP		03/21/2012	JP Morgan Chase	X X X	649,454	650,000.00		1FE
172967FW6	CITIGROUP INC		01/03/2012	SALOMON BROS	X X X	709,027	710,000.00		1FE
34529UAD6	FORD CREDIT AUTO TR 2012-A		01/18/2012	CHASE/GREENWICH CAP	X X X	300,923	301,000.00		1FE
40428HPG1	HSBC USA INC NEW		03/02/2012	JP MORGAN CHASE BANK/HSBC	X X X	506,185	500,000.00	792	1FE
655844BJ6	NORFOLK SOUTHERN CORP		03/12/2012	MERRILL LYNCH FIXED INCOM	X X X	494,685	500,000.00		2FE
718546AA2	PHILLIPS 66 GTD SR NT 144A22		03/07/2012	JP MORGAN CHASE	X X X	428,981	430,000.00		2FE
96950FAG9	WILLIAMS PARTNERS L P		02/08/2012	CREDIT SUISSE	X X X	413,100	400,000.00	4,033	2FE
06415DAC1	BANK NOVA SCOTIA	I	01/20/2012	BARCLAYS CAPITAL INC	X X X	644,174	645,000.00		1FE
06415CAC3	BANK NOVA SCOTIA EXT CVRD 144A 18	I	01/20/2012	BARCLAYS CAPITAL INC	X X X	644,174	645,000.00		1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	7,450,775	7,451,000.00	4,825	X X X
8399997 Subtotal - Bonds - Part 3					X X X	7,844,584	7,819,045.64	5,377	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	7,844,584	7,819,045.64	5,377	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	7,844,584	X X X	5,377	X X X

(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

CUSIP Identification	Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.								
Bonds - U.S. Governments																						
36207JZR7	GNMA #433752		03/15/2012	PRINCIPAL RECEIPT	X X X	227	226.54	229	227					227					2	05/15/2028	1	
36208WCM3	GNMA #462776		03/15/2012	PRINCIPAL RECEIPT	X X X	835	835.13	834	834		1		1		835				8	07/15/2028	1	
36209HGJ8	GNMA #471901		03/15/2012	PRINCIPAL RECEIPT	X X X	3,643	3,642.81	3,687	3,649		(6)		(6)		3,643				63	05/15/2028	1	
36209NCP5	GNMA #476278		03/15/2012	PRINCIPAL RECEIPT	X X X	143	142.63	144	143						143				1	05/15/2028	1	
36295QVU1	GNMA #677527		03/15/2012	PRINCIPAL RECEIPT	X X X	14,382	14,382.33	14,497	14,505		(122)		(122)		14,382				88	11/15/2037	1	
36295XZZ1	GNMA #683960		03/15/2012	PRINCIPAL RECEIPT	X X X	9,430	9,429.76	9,526	9,536		(106)		(106)		9,430				7	02/15/2038	1	
36296DAT5	GNMA #687718		03/15/2012	PRINCIPAL RECEIPT	X X X	7,622	7,622.18	7,526	7,537		86		86		7,622				40	07/15/2038	1	
36296DLE6	GNMA #688025		03/15/2012	PRINCIPAL RECEIPT	X X X	23,340	23,339.90	23,679	23,712		(372)		(372)		23,340				195	10/15/2038	1	
36296GGRY9	GNMA #690903		03/15/2012	PRINCIPAL RECEIPT	X X X	1,119	1,118.75	1,132	1,135		(16)		(16)		1,119				8	06/15/2038	1	
36296KMW9	GNMA #693473		03/15/2012	PRINCIPAL RECEIPT	X X X	14,407	14,407.33	14,488	14,499		(92)		(92)		14,407				52	06/15/2038	1	
36241KPD4	GNMA #782220		03/15/2012	PRINCIPAL RECEIPT	X X X	17,610	17,609.75	17,750	17,743		(133)		(133)		17,610				158	11/15/2037	1	
38373MLA6	GNMA REMIC TRUST 2004-20		03/16/2012	PRINCIPAL RECEIPT	X X X	5,613	5,613.44	5,898	5,649		(35)		(35)		5,613				48	04/16/2034	1	
38377QOB6	GNMA REMIC TRUST 2011-29		03/20/2012	PRINCIPAL RECEIPT	X X X	36,623	36,623.40	40,629	40,344		(3,720)		(3,720)		36,623				230	05/20/2040	1	
0599999 Subtotal - Bonds - U.S. Governments					X X X	134,994	134,993.95	140,019	139,513		(4,515)		(4,515)		134,994				900	X X X	X X X	
Bonds - U.S. Political Subdivisions of States, Territories and Possessions																						
157432ED3	CHAFFEY CMNTY CLG DIST CA		02/08/2012	STIFEL NICOLAUS & CO	X X X	1,189,220	1,000,000.00	1,050,280	1,030,055		(505)		(505)		1,029,550		159,670	159,670	159,670	9,583	06/01/2019	1FE
2499999 Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					X X X	1,189,220	1,000,000.00	1,050,280	1,030,055		(505)		(505)		1,029,550		159,670	159,670	159,670	9,583	X X X	X X X
Bonds - U.S. Special Revenue, Special Assessment																						
3128KNR88	FHLMC A59511		03/15/2012	PRINCIPAL RECEIPT	X X X	27,967	27,967.45	27,600	27,705		263		263		27,967					212	04/01/2037	1
31288AV93	FHLMC C72440		03/15/2012	PRINCIPAL RECEIPT	X X X	21,488	21,488.16	22,080	21,769		(281)		(281)		21,488					59	10/01/2032	1
3128M4S53	FHLMC G02940		03/15/2012	PRINCIPAL RECEIPT	X X X	48,409	48,409.01	46,435	47,152		1,257		1,257		48,409					395	05/01/2037	1
3128M5ED8	FHLMC G03432		03/15/2012	PRINCIPAL RECEIPT	X X X	58,556	58,556.40	58,373	58,376		180		180		58,556					452	11/01/2037	1
3128PST49	FHLMC PC GOLD 15 YR		03/15/2012	PRINCIPAL RECEIPT	X X X	72,556	72,555.78	73,860	73,651		(1,096)		(1,096)		72,556					368	10/01/2025	1
3128M5NL0	FHLMC PC GOLD COMB 30		03/15/2012	PRINCIPAL RECEIPT	X X X	90,753	90,752.77	99,757	99,565		(8,812)		(8,812)		90,753					721	11/01/2037	1
3128M8AW4	FHLMC PC GOLD COMB 30 5.500 204001		03/15/2012	PRINCIPAL RECEIPT	X X X	150,476	150,476.11	163,008	162,805		(12,329)		(12,329)		150,476					1,166	01/01/2040	1
3139SLR86	FHLMC REMIC SERIES 2921		03/09/2012	Goldman Sachs	X X X	1,060,000	1,000,000.00	1,072,930	1,048,745		(7,680)		(7,680)		1,041,066		18,934	18,934	18,934	14,306	09/15/2033	1
3139BVTM8	FHLMC REMIC SERIES 3659		03/15/2012	PRINCIPAL RECEIPT	X X X	49,505	49,504.51	53,078	51,377		55		55		51,432		(1,928)	(1,928)	(1,928)	346	10/15/2031	1
31383SSP6	FNMA #511826		03/25/2012	PRINCIPAL RECEIPT	X X X	2,197	2,197.49	2,241	2,209		(12)		(12)		2,197					15	07/01/2016	1
31384VV33	FNMA #535334		03/25/2012	PRINCIPAL RECEIPT	X X X	4,056	4,056.49	4,191	4,155		(99)		(99)		4,056					26	06/01/2030	1
31385JEL8	FNMA #545639		03/25/2012	PRINCIPAL RECEIPT	X X X	4,699	4,699.36	4,857	4,786		(87)		(87)		4,699					34	04/01/2032	1
31385JEM6	FNMA #545640		03/25/2012	PRINCIPAL RECEIPT	X X X	11,443	11,443.04	12,010	11,857		(414)		(414)		11,443					103	04/01/2032	1
31386TM51	FNMA #572880		03/25/2012	PRINCIPAL RECEIPT	X X X	1,000	1,000.25	1,000	999		2		2		1,000					6	04/01/2016	1
31388NGU4	FNMA #609611		03/25/2012	PRINCIPAL RECEIPT	X X X	8,132	8,131.96	8,161	8,124		8		8		8,132					57	11/01/2016	1
31388TFK4	FNMA #614070		03/25/2012	PRINCIPAL RECEIPT	X X X	1,096	1,096.15	1,113	1,101		(4)		(4)		1,096					7	11/01/2016	1
31388UF70	FNMA #614990		03/25/2012	PRINCIPAL RECEIPT	X X X	5,692	5,691.52	5,779	5,717		(25)		(25)		5,692					36	12/01/2016	1
31391SM64	FNMA #675481		03/25/2012	PRINCIPAL RECEIPT	X X X	114	114.31	118	117		(3)		(3)		114					02/01/2033	1	
31400WSW1	FNMA #699933		03/25/2012	PRINCIPAL RECEIPT	X X X	142,102	142,101.57	143,123	143,009		(908)		(908)		142,102					674	04/01/2033	1
31406UK31	FNMA #820314		03/25/2012	PRINCIPAL RECEIPT	X X X	922	922.13	908	912		11		11		922					5	08/01/2035	1
31410QD57	FNMA #893924		03/25/2012	PRINCIPAL RECEIPT	X X X	8,622	8,622.01	8,786	8,700		(78)		(78)		8,622					56	10/01/2036	1
31411DS75	FNMA #905142		03/25/2012	PRINCIPAL RECEIPT	X X X	72,378	72,378.26	72,197	72,192		187		187		72,378					440	02/01/2037	1
31411W4N4	FNMA #917129		03/25/2012	PRINCIPAL RECEIPT	X X X	51,696	51,695.81	50,920	51,180		516		516		51,696					371	06/01/2037	1
31413SHC1	FNMA #953927		03/25/2012	PRINCIPAL RECEIPT	X X X	16,974	16,973.63	17,342	17,217		(243)		(243)		16,974					117	12/01/2037	1
31414AR87	FNMA #960511		03/25/2012	PRINCIPAL RECEIPT	X X X	18,508	18,508.16	18,563	18,560		(51)		(51)		18,508					133	01/01/2038	1
31414SYU1	FNMA #975123		03/25/2012	PRINCIPAL RECEIPT	X X X	16,828	16,827.79	16,780	16,779		49		49		16,828					112	05/01/2038	1
31371KZA2	FNMA PASS-THRU LNG 30 YEAR		03/25/2012	PRINCIPAL RECEIPT	X X X	71,332	71,331.54	76,826	76,602		(5,270)		(5,270)		71,332					439	02/01/2033	1
3138EGEY6	FNMA PASS-THRU LNG 30 YEAR		03/25/2012	PRINCIPAL RECEIPT	X X X	23,819	23,818.69	24,917	24,858		(1,040)		(1,040)		23,819					123	02/01/2041	1
31403C6L0	FNMA PASS-THRU LNG 30 YEAR		03/25/2012	PRINCIPAL RECEIPT	X X X	112,285	112,285.09	118,829	118,252		(5,966)		(5,966)		112,285					631	02/01/2036	1
31410GCW1	FNMA PASS-THRU LNG 30 YEAR		02/25/2012	VARIOUS	X X X	422,391	397,195.61	410,167	408,932		(698)		(698)		408,234		14,157	14,157	14,157	3,499	06/01/2037	1
31417YSZ6	FNMA PASS-THRU LNG 30 YEAR		03/25/2012	PRINCIPAL RECEIPT	X X X	6,087	6,086.73	6,513	6,410		(426)		(426)		6,087						10/01/2041	1
31418MSR4	FNMA PASS-THRU LNG 30 YEAR		03/25/2012	PRINCIPAL RECEIPT	X X X	133,269	133,268.59	146,512	146,274		(13,006)		(13,006)		133,269					834	06/01/2039	1
31394AP26	FNMA REMIC TRUST 2004-76		03/25/2012	PRINCIPAL RECEIPT	X X X	66,079	66,079.25	70,292	68,701		(2,622)		(2,622)									

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

QE05.1

CUSIP Identification	Description	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description	R	CUSIP Identification	Description</
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(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			9
							During Current Quarter			
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										
Wells Fargo - Operating	175 S. Third St, Suite 150, Columbus, OH			0.010	80	23	2,815,667	3,272,258	(499,717)	X X X
0199998 Deposits in0 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 ..	80	23	2,815,667	3,272,258	(499,717)	X X X
0299998 Deposits in0 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 ..	80	23	2,815,667	3,272,258	(499,717)	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 ..	80	23	2,815,667	3,272,258	(499,717)	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
<div>NONE</div>							
8699999 Total - Cash Equivalents



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)						262,500	1	
15.	Indiana (IN)					183,416	1,206,311	7	4,321
16.	Iowa (IA)								
17.	Kansas (KS)								
18.	Kentucky (KY)					334	3,000,000	2	6,428
19.	Louisiana (LA)								
20.	Maine (ME)								
21.	Maryland (MD)					570	3,001,000	3	9,487
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)	(1,548)	111,426	1,075,000	1	(3,417,444)	927,224	14	1,176,330
37.	Oklahoma (OK)								
38.	Oregon (OR)								
39.	Pennsylvania (PA)						750,000	1	2,551
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)					(256,080)			
51.	Wyoming (WY)					(75,018)	75,000	1	333
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	(1,548)	111,426	1,075,000	1	(3,564,222)	9,222,035	29	1,199,451
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)								



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

		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)					88,945	3,825,000	4	1,733,222
15.	Indiana (IN)					59,241	219,125	2	65,214
16.	Iowa (IA)								
17.	Kansas (KS)								
18.	Kentucky (KY)								
19.	Louisiana (LA)								
20.	Maine (ME)								
21.	Maryland (MD)					1,830,291	10,611,014	37	3,157,938
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)	1,974	498,967			(238,053)	9,770,221	47	8,551,175
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)					113,132	1,130,000	4	336,299
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	1,974	498,967			1,853,556	25,555,360	94	13,843,848
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)								



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

		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)	(38)	82						
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	(38)	82						
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)								



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

		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)		119,520			262,794	121,000	1	376,317
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)					4,983	100,000	1	29,761
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		119,520			267,777	221,000	2	406,078
DETAILS OF WRITE-INS									
5801.								
5802.								
5803.								
5898.	Summary of remaining write-ins for Line 58 from overflow page								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above) ..								

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