



ANNUAL STATEMENT

For the Year Ended December 31, 2012

OF THE CONDITION AND AFFAIRS OF THE

HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO

NAIC Group Code	0000 <small>(Current Period)</small>	0000 <small>(Prior Period)</small>	NAIC Company Code	12233	Employer's ID Number	74-3129288
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States of America					
Incorporated/Organized	11/30/2004		Commenced Business	12/14/2004		
Statutory Home Office	450 Alkyre Run, Suite 360 <small>(Street and Number)</small>		Westerville, OH, US 43082-6914 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	1250 South Pine Island Road, Suite 300 <small>(Street and Number)</small>					
	Plantation, FL, 33324-4402 <small>(City or Town, State, Country and Zip Code)</small>			(866)484-5715 <small>(Area Code) (Telephone Number)</small>		
Mail Address	1250 South Pine Island Road, Suite 300 <small>(Street and Number or P.O. Box)</small>		Plantation, FL, 33324-4402 <small>(City or Town, State, Country and Zip Code)</small>			
Primary Location of Books and Records	1250 South Pine Island Road, Suite 300 <small>(Street and Number)</small>					
	Plantation, FL, 33324-4402 <small>(City or Town, State, Country and Zip Code)</small>			(866)484-5715 <small>(Area Code) (Telephone Number)</small>		
Internet Website Address	www.hugroupoh.com					
Statutory Statement Contact	Thomas William Mueller <small>(Name)</small>		(866)484-5716 <small>(Area Code)(Telephone Number)(Extension)</small>			
	tmueller@HUGroups.com <small>(E-Mail Address)</small>		(877)895-0996 <small>(Fax Number)</small>			

OFFICERS

Name	Title
Howard Irwin Dickey-White MD	President
John Michael Surso MD	Chairperson #
Joshua Marc Salman	Chief Executive Officer #
Joseph James Zigray CPA	Treasurer
David Wayne Lester CPA, CGMA	VP-CFO & Assistant Treasurer
Morton Caldwell Bell	VP-Chief Underwriting Officer
William Carl Ludwig JD	VP-Chief Claims Officer
Ronald Joseph Goff	VP-Chief Sales & Marketing Officer
David Wayne McKenney	Regional VP-Claims
Thomas William Mueller CPA, CGMA	VP Finance & Controller

OTHERS

Susan Elaine Salman, Assistant Secretary

DIRECTORS OR TRUSTEES

Christopher Boshkos MD	Howard Irwin Dickey-White MD
Joshua Marc Salman #	John Michael Surso MD
Joseph James Zigray CPA	Thayne Robert Alred MD

State of Ohio
County of Franklin ss

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

_____ (Signature) Howard Irwin Dickey-White, MD (Printed Name) 1. President (Title)	_____ (Signature) Joseph James Zigray, CPA (Printed Name) 2. Treasurer (Title)	_____ (Signature) David Wayne Lester, CPA, CGMA (Printed Name) 3. VP-CFO & Assistant Treasurer (Title)
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Subscribed and sworn to before me this _____ day of _____, 2013

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

 (Notary Public Signature)

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code:

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Company Code: 12233

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability	5,868,787	6,181,349	500,000	2,757,473	1,193,992	993,837	5,781,785	762,758	1,234,572	4,314,748	378,787	119,896
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal employees health benefits program premium (b)												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	5,868,787	6,181,349	500,000	2,757,473	1,193,992	993,837	5,781,785	762,758	1,234,572	4,314,748	378,787	119,896

DETAILS OF WRITE-INS

3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

19 Ohio

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code:

DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code: 12233

19 Grand Total

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
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8. Ocean marine												
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10. Financial guaranty												
11. Medical professional liability	5,868,787	6,181,349	500,000	2,757,473	1,193,992	993,837	5,781,785	762,758	1,234,572	4,314,748	378,787	119,896
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal employees health benefits program premium (b)												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	5,868,787	6,181,349	500,000	2,757,473	1,193,992	993,837	5,781,785	762,758	1,234,572	4,314,748	378,787	119,896
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

20 Schedule F Part 1 Assumed Reinsurance NONE

21 Schedule F Part 2 Reinsurance Effected NONE

SCHEDULE F - PART 3

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
Authorized - Other U.S. Unaffiliated Insurers																			
52-1952955	10357	PLATINUM UNDERWRITERS REINS INC	MD					10	6	3	2				21	(5)		26	
06-1481194	10829	ALTERRA REINS USA INC	CT		131					90	96	87		273	50		223		
0599998 Total - Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																			
0599999 Total - Authorized - Other U.S. Unaffiliated Insurers					131					10	6	93	98	87	294	45		249	
Authorized - Other Non-U.S. Insurers																			
AA-1120337	00000	Aspen Ins UK Ltd	GBR		121			30	20	120	114	81		365	119		246		
AA-1128003	00000	LLOYD'S SYNDICATE NUMBER 2003	GBR		28			9	6	27	26	18		86	27		59		
AA-1126435	00000	LLOYD'S SYNDICATE NUMBER 435	GBR		42			11	7	42	40	28		128	45		83		
AA-1126623	00000	LLOYD'S SYNDICATE NUMBER 623	GBR												3		(3)		
AA-1128623	00000	Lloyd's Syndicate Number 2623	GBR					2	1					3	9		(6)		
AA-1126006	00000	Lloyd's Syndicate Number 4472	GBR		15			3	2	14	13	10		42	18		24		
AA-1128488	00000	LLOYD'S SYNDICATE NUMBER 2488	GBR		91					69	71	60		200	37		163		
0899998 Total - Authorized - Other Non-U.S. Insurers (Under \$100,000)																			
0899999 Total - Authorized - Other Non-U.S. Insurers					297			55	36	272	264	197		824	258		566		
0999999 Total - Authorized					428			65	42	365	362	284		1,118	303		815		
Unauthorized - Other Non-U.S. Insurers																			
AA-3190829	00000	Alterra Bermuda Ltd	BMU					31	20	39	27			117	100		17		
AA-3194161	00000	Catlin Ins Co Ltd	BMU		42			12	8	42	40	28		130	43		87		
AA-1120810	00000	Ace European Grp Ltd	GBR					25	16	21	15			77	61		16		
AA-3190795	00000	AMERICAN SAFETY REINS LTD	BMU		58			10	7	55	53	38		163	60		103		
1799998 Total - Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																			
1799999 Total - Unauthorized - Other Non-U.S. Insurers					100			78	51	157	135	66		487	264		223		
1899999 Total - Unauthorized					100			78	51	157	135	66		487	264		223		
2899999 Total - Authorized, Unauthorized and Certified					528			143	93	522	497	350		1,605	567		1,038		
2999999 Total - Protected Cells																			
9999999 Totals					528			143	93	522	497	350		1,605	567		1,038		

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

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

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

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1)	ASPEN INS UK LTD	365	121	Yes[] No[X] ...
2)	ALTERRA REINS USA INC	273	131	Yes[] No[X] ...
3)	LLOYD'S SYNDICATE NUMBER 2488	200	91	Yes[] No[X] ...
4)	AMERICAN SAFETY REINS LTD	163	58	Yes[] No[X] ...
5)	CATLIN INS COI LTD	130	42	Yes[] No[X] ...

SCHEDULE F - PART 4

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

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

SCHEDULE F - PART 5

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Recoverable all Items Schedule F Pt. 3, Col.15	6 Funds Held by Company Under Reinsurance Treaties	7 Letters of Credit	Letter of Credit Issuing or Confirming Bank (a)			11 Ceded Balances Payable	12 Miscellaneous Balances	13 Other Allowed Offset Items	14 Sum of Cols. 6+7+11+12+13 But Not in Excess of Col. 5	15 Subtotal Col. 5 minus Col.14	16 Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due Not In Dispute	17 20 % of Amount in Col. 16	18 Smaller of Column 14 or Column 17	19 Smaller of Col. 14 or 20% of Amount in Dispute Included in Col. 5	20 Total Provis. for Unauthorized Rein.Smaller of Col. 5 or Cols.15+18+19
							8 American Bankers Association (ABA) Routing Number	9 Letter of Credit Code	10 Bank Name										
Other Non-U.S. Insurers																			
AA-3190829	00000	Alterra Bermuda Ltd	BMU	117		185	026009593	1	Bank of America, N.A	100			117						
AA-3194161	00000	Catlin Ins Co Ltd	BMU	130		217	021000089	1	Citibank, N.A	43			130						
AA-1120810	00000	Ace European Grp Ltd	GBR	77		369	021000089	1	Citibank, N.A	61			77						
AA-3190795	00000	AMERICAN SAFETY REINS LTD	BMU	163		276	072000096	1	Comerica Bank	60			163						
0899999 Total - Other Non-U.S. Insurers				487		1,047	X X X	X X X	X X X	264			487						
0999999 Total - Affiliates and Others				487		1,047	X X X	X X X	X X X	264			487						
1099999 Total - Protected Cells							X X X	X X X	X X X										
9999999 Totals				487		1,047	X X X	X X X	X X X	264			487						

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

(a)

Code	American Bankers Association (ABA) Routing Number	Bank Name

25 Schedule F Part 6 - Section 1 Reinsurance Ceded to Certified Reinsurers NONE

26 Schedule F Part 6 - Section 1 (Continued) NONE

27 Schedule F Part 6 - Section 2 Overdue Reins. Ceded to Certified Reinsurers . . NONE

28 Schedule F Part 7 Overdue Authorized Reinsurance NONE

29 Schedule F Part 8 Overdue Reinsurance NONE

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 12)	26,576,450		26,576,450
2. Premiums and considerations (Line 15)			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)			
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	853,411		853,411
6. Net amount recoverable from reinsurers		1,605,000	1,605,000
7. Protected cell assets (Line 27)			
8. TOTALS (Line 28)	27,429,861	1,605,000	29,034,861
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	9,535,827	1,255,000	10,790,827
10. Taxes, expenses, and other obligations (Lines 4 through 8)	469,334		469,334
11. Unearned premiums (Line 9)	2,407,888	350,000	2,757,888
12. Advance premiums (Line 10)	37,311		37,311
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	566,814		566,814
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)			
17. Provision for reinsurance (Line 16)			
18. Other liabilities	440,036		440,036
19. TOTAL Liabilities excluding protected cell business (Line 26)	13,457,210	1,605,000	15,062,210
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	13,972,651	X X X	13,972,651
22. TOTALS (Line 38)	27,429,861	1,605,000	29,034,861

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

If yes, give full explanation:

31 Schedule H Part 1 A & H Exhibit NONE

32 Schedule H Parts 2, 3 & 4 - A & H Exh Cont NONE

33 Schedule H Part 5 Health Claims NONE

36 Schedule P - Part 1A NONE

37 Schedule P - Part 1B NONE

38 Schedule P - Part 1C NONE

39 Schedule P - Part 1D NONE

40 Schedule P - Part 1E NONE

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO
SCHEDULE P - PART 1F - SECTION 1
MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	X X X	X X X	X X X									X X X
2. 2003												
3. 2004												
4. 2005												
5. 2006	30	8	22						3			3
6. 2007	107	24	83						4			4
7. 2008	368	68	300						9			9
8. 2009	54	10	44						1			1
9. 2010	28	4	24						1			1
10. 2011	287	40	247						5			5
11. 2012	331	46	285			5			2			7
12. Totals	X X X	X X X	X X X			5			25			30

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior													
2. 2003													
3. 2004													
4. 2005													
5. 2006			2				2					4	
6. 2007			4	1			4					7	
7. 2008													
8. 2009			3				3	1	1			6	
9. 2010			12	1			12	1	1			23	
10. 2011			63	10			63	10	13			119	
11. 2012	50		153	21	29		151	26	12			348	1
12. Totals	50		237	33	29		235	38	27			507	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2003											
3. 2004											
4. 2005											
5. 2006	7		7	23.3		31.8				2	2
6. 2007	12	1	11	11.2	4.2	13.3				3	4
7. 2008	9		9	2.4		3.0					
8. 2009	8	1	7	14.8	10.0	15.9				3	3
9. 2010	26	2	24	92.9	50.0	100.0				11	12
10. 2011	144	20	124	50.2	50.0	50.2				53	66
11. 2012	402	47	355	121.5	102.2	124.6				182	166
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	254	253

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO
SCHEDULE P - PART 1F - SECTION 2
MEDICAL PROFESSIONAL LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported - Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	X X X	X X X	X X X									X X X
2. 2003 ...												
3. 2004 ...												
4. 2005 ...	2,457	685	1,772					86			86	3
5. 2006 ...	5,091	1,261	3,830	45		284		199			528	18
6. 2007 ...	6,685	799	5,886	534	275	691	34	253			1,169	22
7. 2008 ...	6,488	333	6,155	250		287		138			675	20
8. 2009 ...	6,405	1,240	5,165	1,201	247	1,127	52	186			2,215	39
9. 2010 ...	6,153	657	5,496	718	45	1,185	38	114			1,934	38
10. 2011 ...	5,905	261	5,644			193		90			283	28
11. 2012 ...	5,850	525	5,325			100		40			140	33
12. Totals ...	X X X	X X X	X X X	2,748	567	3,867	124	1,106			7,030	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior ...													
2. 2003 ...													
3. 2004 ...													
4. 2005 ...													
5. 2006 ...			47				15					62	1
6. 2007 ...	300	48	50	22	48	31	32	15	30			344	2
7. 2008 ...			10	1			10	1	1			19	
8. 2009 ...	800	95	221	95	230	62	190	68	102			1,223	7
9. 2010 ...	310		158	36	125		117	23	45			696	4
10. 2011 ...	290		1,238	140	211		1,220	142	196			2,873	9
11. 2012 ...	900		1,170	194	686		1,167	210	293			3,812	24
12. Totals ...	2,600	143	2,894	488	1,300	93	2,751	459	667			9,029	47

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2003 ...											
3. 2004 ...											
4. 2005 ...	86		86	3.5		4.9					
5. 2006 ...	590		590	11.6		15.4				47	15
6. 2007 ...	1,938	425	1,513	29.0	53.2	25.7				280	64
7. 2008 ...	696	2	694	10.7	0.6	11.3				9	10
8. 2009 ...	4,057	619	3,438	63.3	49.9	66.6				831	392
9. 2010 ...	2,772	142	2,630	45.1	21.6	47.9				432	264
10. 2011 ...	3,438	282	3,156	58.2	108.0	55.9				1,388	1,485
11. 2012 ...	4,356	404	3,952	74.5	77.0	74.2				1,876	1,936
12. Totals ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X	4,863	4,166

43	Schedule P - Part 1G	NONE
44	Schedule P - Part 1H Sn 1	NONE
45	Schedule P - Part 1H Sn 2	NONE
46	Schedule P - Part 1I	NONE
47	Schedule P - Part 1J	NONE
48	Schedule P - Part 1K	NONE
49	Schedule P - Part 1L	NONE
50	Schedule P - Part 1M	NONE
51	Schedule P - Part 1N	NONE
52	Schedule P - Part 1O	NONE
53	Schedule P - Part 1P	NONE
54	Schedule P - Part 1R Sn 1	NONE
55	Schedule P - Part 1R Sn 2	NONE
56	Schedule P - Part 1S	NONE
57	Schedule P - Part 1T	NONE
58	Schedule P - Part 2A	NONE
58	Schedule P - Part 2B	NONE
58	Schedule P - Part 2C	NONE
58	Schedule P - Part 2D	NONE
58	Schedule P - Part 2E	NONE

SCHEDULE P - PART 2F - SECTION 1
MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012	11 One Year	12 Two Year
1. Prior												
2. 2003												
3. 2004	XXX											
4. 2005	XXX	XXX										
5. 2006	XXX	XXX	XXX	40	22	10	10	10	4	4		(6)
6. 2007	XXX	XXX	XXX	XXX	61	34	34	34	6	7	1	(27)
7. 2008	XXX	XXX	XXX	XXX	XXX	230	230	4	23		(23)	(4)
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	30	30	19	5	(14)	(25)
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	22	22		(23)
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	224	106	(118)	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	341	XXX	XXX
12. TOTALS											(154)	(85)

SCHEDULE P - PART 2F - SECTION 2
MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE

1. Prior												
2. 2003												
3. 2004	XXX	1	1									
4. 2005	XXX	XXX	998	124								
5. 2006	XXX	XXX	XXX	2,101	1,262	750	525	325	391	391		66
6. 2007	XXX	XXX	XXX	XXX	3,380	2,750	1,749	1,849	1,381	1,230	(151)	(619)
7. 2008	XXX	XXX	XXX	XXX	XXX	3,281	1,831	605	587	555	(32)	(50)
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	3,568	3,993	3,690	3,150	(540)	(843)
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,652	2,830	2,471	(359)	(1,181)
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,472	2,870	(602)	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,619	XXX	XXX
12. TOTALS											(1,684)	(2,627)

SCHEDULE P - PART 2G
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior												
2. 2003												
3. 2004	XXX											
4. 2005	XXX	XXX										
5. 2006	XXX	XXX	XXX									
6. 2007	XXX	XXX	XXX	XXX								
7. 2008	XXX	XXX	XXX	XXX								
8. 2009	XXX	XXX	XXX	XXX								
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS											XXX	XXX

SCHEDULE P - PART 2H - SECTION 1
OTHER LIABILITY - OCCURRENCE

1. Prior												
2. 2003												
3. 2004	XXX											
4. 2005	XXX	XXX										
5. 2006	XXX	XXX	XXX									
6. 2007	XXX	XXX	XXX	XXX								
7. 2008	XXX	XXX	XXX	XXX								
8. 2009	XXX	XXX	XXX	XXX								
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS											XXX	XXX

SCHEDULE P - PART 2H - SECTION 2
OTHER LIABILITY - CLAIMS-MADE

1. Prior												
2. 2003												
3. 2004	XXX											
4. 2005	XXX	XXX										
5. 2006	XXX	XXX	XXX									
6. 2007	XXX	XXX	XXX	XXX								
7. 2008	XXX	XXX	XXX	XXX								
8. 2009	XXX	XXX	XXX	XXX								
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS											XXX	XXX

60	Schedule P - Part 2I	NONE
60	Schedule P - Part 2J	NONE
60	Schedule P - Part 2K	NONE
60	Schedule P - Part 2L	NONE
60	Schedule P - Part 2M	NONE
61	Schedule P - Part 2N	NONE
61	Schedule P - Part 2O	NONE
61	Schedule P - Part 2P	NONE
62	Schedule P - Part 2R Sn 1	NONE
62	Schedule P - Part 2R Sn 2	NONE
62	Schedule P - Part 2S	NONE
62	Schedule P - Part 2T	NONE
63	Schedule P - Part 3A	NONE
63	Schedule P - Part 3B	NONE
63	Schedule P - Part 3C	NONE
63	Schedule P - Part 3D	NONE
63	Schedule P - Part 3E	NONE

**SCHEDULE P - PART 3F SECTION 1
MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012			
1. Prior	000												
2. 2003													
3. 2004	XXX												
4. 2005	XXX	XXX											
5. 2006	XXX	XXX	XXX										
6. 2007	XXX	XXX	XXX	XXX									
7. 2008	XXX	XXX	XXX	XXX	XXX								
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5		1

**SCHEDULE P - PART 3F SECTION 2
MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE**

1. Prior	000													
2. 2003														
3. 2004	XXX													
4. 2005	XXX	XXX												3
5. 2006	XXX	XXX	XXX		27	139	194	241	260	292	329	1		16
6. 2007	XXX	XXX	XXX	XXX	85	604	724	768	897	916	2			18
7. 2008	XXX	XXX	XXX	XXX	XXX	79	236	526	537	537	1			19
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	146	873	1,563	2,029	6			26
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127	985	1,820	4			30
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	58	193				19
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	100				9

**SCHEDULE P - PART 3G
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior	000											XXX	XXX
2. 2003												XXX	XXX
3. 2004	XXX											XXX	XXX
4. 2005	XXX	XXX										XXX	XXX
5. 2006	XXX	XXX	XXX									XXX	XXX
6. 2007	XXX	XXX	XXX	XXX								XXX	XXX
7. 2008	XXX	XXX	XXX	XXX	X							XXX	XXX
8. 2009	XXX	XXX	XXX	XXX	X							XXX	XXX
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**SCHEDULE P - PART 3H SECTION 1
OTHER LIABILITY - OCCURRENCE**

1. Prior	000													
2. 2003														
3. 2004	XXX													
4. 2005	XXX	XXX												
5. 2006	XXX	XXX	XXX											
6. 2007	XXX	XXX	XXX	XXX										
7. 2008	XXX	XXX	XXX	XXX	X									
8. 2009	XXX	XXX	XXX	XXX	X									
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

**SCHEDULE P - PART 3H SECTION 2
OTHER LIABILITY - CLAIMS MADE**

1. Prior	000													
2. 2003														
3. 2004	XXX													
4. 2005	XXX	XXX												
5. 2006	XXX	XXX	XXX											
6. 2007	XXX	XXX	XXX	XXX										
7. 2008	XXX	XXX	XXX	XXX	X									
8. 2009	XXX	XXX	XXX	XXX	X									
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

65	Schedule P - Part 3I	NONE
65	Schedule P - Part 3J	NONE
65	Schedule P - Part 3K	NONE
65	Schedule P - Part 3L	NONE
65	Schedule P - Part 3M	NONE
66	Schedule P - Part 3N	NONE
66	Schedule P - Part 3O	NONE
66	Schedule P - Part 3P	NONE
67	Schedule P - Part 3R Sn 1	NONE
67	Schedule P - Part 3R Sn 2	NONE
67	Schedule P - Part 3S	NONE
67	Schedule P - Part 3T	NONE
68	Schedule P - Part 4A	NONE
68	Schedule P - Part 4B	NONE
68	Schedule P - Part 4C	NONE
68	Schedule P - Part 4D	NONE
68	Schedule P - Part 4E	NONE

**SCHEDULE P - PART 4F SECTION 1
MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012
1. Prior										
2. 2003										
3. 2004	XXX									
4. 2005	XXX	XXX								
5. 2006	XXX	XXX	XXX	40	22	10	10	10	4	4
6. 2007	XXX	XXX	XXX	XXX	61	34	34	34	6	7
7. 2008	XXX	XXX	XXX	XXX	XXX	230	230	4	23	
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	30	30	19	5
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	22	22
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	224	106
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	257

**SCHEDULE P - PART 4F - SECTION 2
MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE**

1. Prior										
2. 2003										
3. 2004	XXX	1	1							
4. 2005	XXX	XXX	951	124						
5. 2006	XXX	XXX	XXX	1,694	919	465	274	68	89	62
6. 2007	XXX	XXX	XXX	XXX	2,297	1,739	698	775	238	45
7. 2008	XXX	XXX	XXX	XXX	XXX	2,370	1,030	79	50	18
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	1,239	1,038	653	248
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,803	657	216
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,283	2,176
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,933

**SCHEDULE P - PART 4G
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior										
2. 2003										
3. 2004	XXX									
4. 2005	XXX	XXX								
5. 2006	XXX	XXX	XXX							
6. 2007	XXX	XXX	XXX							
7. 2008	XXX	XXX	XXX							
8. 2009	XXX	XXX	XXX							
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4H - SECTION 1
OTHER LIABILITY - OCCURRENCE**

1. Prior										
2. 2003										
3. 2004	XXX									
4. 2005	XXX	XXX								
5. 2006	XXX	XXX	XXX							
6. 2007	XXX	XXX	XXX							
7. 2008	XXX	XXX	XXX							
8. 2009	XXX	XXX	XXX							
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4H - SECTION 2
OTHER LIABILITY - CLAIMS MADE**

1. Prior										
2. 2003										
3. 2004	XXX									
4. 2005	XXX	XXX								
5. 2006	XXX	XXX	XXX							
6. 2007	XXX	XXX	XXX							
7. 2008	XXX	XXX	XXX							
8. 2009	XXX	XXX	XXX							
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

70	Schedule P - Part 4I	NONE
70	Schedule P - Part 4J	NONE
70	Schedule P - Part 4K	NONE
70	Schedule P - Part 4L	NONE
70	Schedule P - Part 4M	NONE
71	Schedule P - Part 4N	NONE
71	Schedule P - Part 4O	NONE
71	Schedule P - Part 4P	NONE
72	Schedule P - Part 4R Sn 1	NONE
72	Schedule P - Part 4R Sn 2	NONE
72	Schedule P - Part 4S	NONE
72	Schedule P - Part 4T	NONE
73	Schedule P - Part 5A Sn 1	NONE
73	Schedule P - Part 5A Sn 2	NONE
73	Schedule P - Part 5A Sn 3	NONE
74	Schedule P - Part 5B Sn 1	NONE
74	Schedule P - Part 5B Sn 2	NONE
74	Schedule P - Part 5B Sn 3	NONE
75	Schedule P - Part 5C Sn 1	NONE
75	Schedule P - Part 5C Sn 2	NONE
75	Schedule P - Part 5C Sn 3	NONE
76	Schedule P - Part 5D Sn 1	NONE
76	Schedule P - Part 5D Sn 2	NONE
76	Schedule P - Part 5D Sn 3	NONE
77	Schedule P - Part 5E Sn 1	NONE
77	Schedule P - Part 5E Sn 2	NONE
77	Schedule P - Part 5E Sn 3	NONE

SCHEDULE P - PART 5F
MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior										
2. 2003										
3. 2004	X X X									
4. 2005	X X X	X X X								
5. 2006	X X X	X X X	X X X							
6. 2007	X X X	X X X	X X X	X X X						
7. 2008	X X X	X X X	X X X	X X X	X X X					
8. 2009	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2010	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2011	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2012	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior										
2. 2003										
3. 2004	X X X									
4. 2005	X X X	X X X								
5. 2006	X X X	X X X	X X X							
6. 2007	X X X	X X X	X X X	X X X						
7. 2008	X X X	X X X	X X X	X X X	X X X					
8. 2009	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2010	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2011	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2012	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	1

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior										
2. 2003										
3. 2004	X X X									
4. 2005	X X X	X X X								
5. 2006	X X X	X X X	X X X							
6. 2007	X X X	X X X	X X X	X X X						
7. 2008	X X X	X X X	X X X	X X X	X X X					
8. 2009	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2010	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2011	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2012	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	2

SCHEDULE P - PART 5F
MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior										
2. 2003										
3. 2004	X X X									
4. 2005	X X X	X X X								
5. 2006	X X X	X X X	X X X					1	1	1
6. 2007	X X X	X X X	X X X	X X X				2	2	2
7. 2008	X X X	X X X	X X X	X X X	X X X			1	1	1
8. 2009	X X X	X X X	X X X	X X X	X X X	X X X		1	3	6
9. 2010	X X X	X X X	X X X	X X X	X X X	X X X	X X X		1	4
10. 2011	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2012	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior										
2. 2003										
3. 2004	X X X									
4. 2005	X X X	X X X								
5. 2006	X X X	X X X	X X X					1	1	1
6. 2007	X X X	X X X	X X X	X X X				3	2	2
7. 2008	X X X	X X X	X X X	X X X	X X X					
8. 2009	X X X	X X X	X X X	X X X	X X X	X X X		19	11	7
9. 2010	X X X	X X X	X X X	X X X	X X X	X X X	X X X	25	13	4
10. 2011	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	20	9
11. 2012	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	24

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior										
2. 2003										
3. 2004	X X X									
4. 2005	X X X	X X X						3	3	3
5. 2006	X X X	X X X	X X X					18	18	18
6. 2007	X X X	X X X	X X X	X X X				22	22	22
7. 2008	X X X	X X X	X X X	X X X	X X X			20	20	20
8. 2009	X X X	X X X	X X X	X X X	X X X	X X X		39	39	39
9. 2010	X X X	X X X	X X X	X X X	X X X	X X X	X X X	38	38	38
10. 2011	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	28	28
11. 2012	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	33

80	Schedule P - Part 5H Sn 1A	NONE
80	Schedule P - Part 5H Sn 2A	NONE
80	Schedule P - Part 5H Sn 3A	NONE
81	Schedule P - Part 5H Sn 1B	NONE
81	Schedule P - Part 5H Sn 2B	NONE
81	Schedule P - Part 5H Sn 3B	NONE
82	Schedule P - Part 5R Sn 1A	NONE
82	Schedule P - Part 5R Sn 2A	NONE
82	Schedule P - Part 5R Sn 3A	NONE
83	Schedule P - Part 5R Sn 1B	NONE
83	Schedule P - Part 5R Sn 2B	NONE
83	Schedule P - Part 5R Sn 3B	NONE
84	Schedule P - Part 5T Sn 1	NONE
84	Schedule P - Part 5T Sn 2	NONE
84	Schedule P - Part 5T Sn 3	NONE
85	Schedule P - Part 6C Sn 1	NONE
85	Schedule P - Part 6C Sn 2	NONE
85	Schedule P - Part 6D Sn 1	NONE
85	Schedule P - Part 6D Sn 2	NONE
86	Schedule P - Part 6E Sn 1	NONE
86	Schedule P - Part 6E Sn 2	NONE
86	Schedule P - Part 6H Sn 1A	NONE
86	Schedule P - Part 6H Sn 2A	NONE
87	Schedule P - Part 6H Sn 1B	NONE
87	Schedule P - Part 6H Sn 2B	NONE
87	Schedule P - Part 6M Sn 1	NONE
87	Schedule P - Part 6M Sn 2	NONE
88	Schedule P - Part 6N Sn 1	NONE
88	Schedule P - Part 6N Sn 2	NONE
88	Schedule P - Part 6O Sn 1	NONE
88	Schedule P - Part 6O Sn 2	NONE
89	Schedule P - Part 6R Sn 1A	NONE
89	Schedule P - Part 6R Sn 2A	NONE
89	Schedule P - Part 6R Sn 1B	NONE
89	Schedule P - Part 6R Sn 2B	NONE
90	Schedule P - Part 7A Sn 1	NONE
90	Schedule P - Part 7A Sn 2	NONE
90	Schedule P - Part 7A Sn 3	NONE
91	Schedule P - Part 7A Sn 4	NONE
91	Schedule P - Part 7A Sn 5	NONE
92	Schedule P - Part 7B Sn 1	NONE
92	Schedule P - Part 7B Sn 2	NONE
92	Schedule P - Part 7B Sn 3	NONE
93	Schedule P - Part 7B Sn 4	NONE
93	Schedule P - Part 7B Sn 5	NONE
93	Schedule P - Part 7B Sn 6	NONE
93	Schedule P - Part 7B Sn 7	NONE

SCHEDULE P INTERROGATORIES

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

- 1.1 Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions: Yes[X] No[]
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$ 300,000
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes[X] No[] N/A[]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes[] No[X] N/A[]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes[X] No[] N/A[]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in which premiums were earned and losses were incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior
1.602 2003
1.603 2004
1.604 2005
1.605 2006
1.606 2007
1.607 2008
1.608 2009
1.609 2010
1.610 2011
1.611 2012
1.612 TOTALS

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

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

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

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

	5.1 Fidelity	\$ 0
	5.2 Surety	\$ 0

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

6.1 per claim

6.2 per claimant

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

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

7.2 An extended statement may be attached.

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

97 Schedule Y - Part 1 NONE

98 Schedule Y - Part 1A NONE

99 Schedule Y - Part 2 NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|-----|
| 1. Will an actuarial opinion be filed by March 1? | Yes |
| 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? | Yes |

APRIL FILING

- | | |
|--|-----|
| 5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? | Yes |
| 6. Will Management's Discussion and Analysis be filed by April 1? | Yes |
| 7. Will the Supplemental Investment Risk Interrogatories be filed by April 1? | Yes |

MAY FILING

- | | |
|---|-----------------|
| 8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1? | See Explanation |
|---|-----------------|

JUNE FILING

- | | |
|---|-----|
| 9. Will an audited financial report be filed by June 1? | Yes |
| 10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

AUGUST FILING

- | | |
|--|-----|
| 11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | Yes |
|--|-----|

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

MARCH FILING

- | | |
|--|-----|
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 13. Will the Financial Guaranty Insurance Exhibit be filed by March 1? | No |
| 14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? | Yes |
| 16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | No |
| 17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? | No |
| 18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? | No |
| 19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 20. Will the Confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? | Yes |
| 21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? | Yes |
| 22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? | No |
| 23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No |
| 26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | No |
| 27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | No |

APRIL FILING

- | | |
|--|----|
| 28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? | No |
| 29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 30. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | No |
| 31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | No |
| 32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile AND the NAIC by April 1? | No |

AUGUST FILING

- | | |
|--|----|
| 33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanations:

8. Not Applicable

Bar Codes:

Schedule SIS



Financial Guaranty Insurance Exhibit



Medicare Supplement Insurance Experience Exhibit



Trusteed Surplus Statement



Premiums Attributed to Protected Cells Exhibit



Reinsurance Summary Supplemental Filing



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Medicare Part D Coverage Supplement



12233201236500000 2012 Document Code: 365

Exceptions to the Reinsurance Attestation Supplement



12233201240000000 2012 Document Code: 400

Bail Bond Supplement



12233201250000000 2012 Document Code: 500

Director and Officer Supplement



12233201250500000 2012 Document Code: 505

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



12233201222400000 2012 Document Code: 224

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



12233201222500000 2012 Document Code: 225

Approval for Relief related to Require. for Audit Committees



12233201222600000 2012 Document Code: 226

Credit Insurance Exhibit



12233201223000000 2012 Document Code: 230

LTC Supplemental Interrogatories



12233201230600000 2012 Document Code: 306

Accident and Health Policy Experience Exhibit



12233201221000000 2012 Document Code: 210

Supplemental Health Care Exhibit



12233201221600000 2012 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



12233201221700000 2012 Document Code: 217

Management's Report of Internal Control over Financial Reporting



12233201222300000 2012 Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

NONE



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

Physicians, including surgeons and osteopaths

SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama (AL)								
2. Alaska (AK)								
3. Arizona (AZ)								
4. Arkansas (AR)								
5. California (CA)								
6. Colorado (CO)								
7. Connecticut (CT)								
8. Delaware (DE)								
9. District of Columbia (DC)								
10. Florida (FL)								
11. Georgia (GA)								
12. Hawaii (HI)								
13. Idaho (ID)								
14. Illinois (IL)								
15. Indiana (IN)								
16. Iowa (IA)								
17. Kansas (KS)								
18. Kentucky (KY)								
19. Louisiana (LA)								
20. Maine (ME)								
21. Maryland (MD)								
22. Massachusetts (MA)								
23. Michigan (MI)								
24. Minnesota (MN)								
25. Mississippi (MS)								
26. Missouri (MO)								
27. Montana (MT)								
28. Nebraska (NE)								
29. Nevada (NV)								
30. New Hampshire (NH)								
31. New Jersey (NJ)								
32. New Mexico (NM)								
33. New York (NY)								
34. North Carolina (NC)								
35. North Dakota (ND)								
36. Ohio (OH)	5,868,787	6,181,349	1,193,992	7	993,837	2,650,000	48	3,131,785
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 (CAN)								
58. Aggregate other alien (OT)								
59. TOTALS	5,868,787	6,181,349	1,193,992	7	993,837	2,650,000	48	3,131,785
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)								

Supp36 Supplement A To Schedule T - Hospitals NONE

Supp36 Supplement A To Schedule T - Other Health Care Professional NONE

Supp36 Supplement A To Schedule T - Other Health Care Facilities NONE

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