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# QUARTERLY STATEMENT

**AS OF June 30, 2013**

## OF THE CONDITION AND AFFAIRS OF THE

HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO

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

## OFFICERS

Name	Title
Howard Irwin Dickey-White MD	President
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  
Joshua Marc Salman  
Joseph James Zigray CPA

Howard Irwin Dickey-White MD  
John Michael Surso MD  
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.

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(Signature)  
Howard Irwin Dickey-White, MD  
(Printed Name)  
1.  
President  
(Title)

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(Signature)  
Joseph James Zigray, CPA  
(Printed Name)  
2.  
Treasurer  
(Title)

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(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?
- b. If no,
  - 1. State the amendment number
  - 2. Date filed
  - 3. Number of pages attached

Yes[X] No[ ]

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(Notary Public Signature)

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	22,426,305		22,426,305	25,047,585
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 (\$.....6,542), cash equivalents (\$.....531,792) and short-term investments (\$.....3,766,339) .....	4,304,673		4,304,673	1,528,865
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	26,730,978		26,730,978	26,576,450
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	199,018		199,018	168,890
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....				
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....	236,307		236,307	
18.2 Net deferred tax asset .....	645,009	62,502	582,507	684,521
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	20,986	20,986		
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 .....	305,986		305,986	
24. Health care (\$.....0) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	539,637	539,637		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	28,677,921	623,125	28,054,796	27,429,861
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	28,677,921	623,125	28,054,796	27,429,861
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. Prepaid Management Fees .....	529,407	529,407		
2502. Other Prepaid Expenses .....	10,230	10,230		
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	539,637	539,637		

## LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31, Prior Year
1.	Losses (current accident year \$.....581,372)	5,756,420	5,117,497
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses	4,918,577	4,418,330
4.	Commissions payable, contingent commissions and other similar charges	6,891	10,580
5.	Other expenses (excluding taxes, licenses and fees)	270,375	207,073
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	36,832	82,163
7.1	Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses))		169,518
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 \$.....310,452 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act)	2,290,885	2,407,888
10.	Advance premium	185,630	37,311
11.	Dividends declared and unpaid:		
11.1	Stockholders		
11.2	Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)	579,850	566,814
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$.....0 certified)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		440,036
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$.....0 and interest thereon \$.....0		
25.	Aggregate write-ins for liabilities		
26.	TOTAL liabilities excluding protected cell liabilities (Lines 1 through 25)	14,045,460	13,457,210
27.	Protected cell liabilities		
28.	TOTAL liabilities (Lines 26 and 27)	14,045,460	13,457,210
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock		
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus	10,905,503	10,905,503
35.	Unassigned funds (surplus)	3,103,833	3,067,148
36.	Less treasury stock, at cost:		
36.1	.....0 shares common (value included in Line 30 \$.....0)		
36.2	.....0 shares preferred (value included in Line 31 \$.....0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	14,009,336	13,972,651
38.	TOTALS (Page 2, Line 28, Col. 3)	28,054,796	27,429,861
<b>DETAILS OF WRITE-INS</b>			
2501.			
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)		
2901.			
2902.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page		
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.			
3202.			
3203.			
3298.	Summary of remaining write-ins for Line 32 from overflow page		
3299.	TOTALS (Lines 3201 through 3203 plus 3298) (Line 32 above)		

## STATEMENT OF INCOME

		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>				
1.	Premiums earned			
1.1	Direct (written \$.....2,630,858)	2,786,994	3,138,611	6,181,349
1.2	Assumed (written \$.....0)			
1.3	Ceded (written \$.....368,307)	407,440	458,738	571,131
1.4	Net (written \$.....2,262,551)	2,379,554	2,679,873	5,610,218
<b>DEDUCTIONS:</b>				
2.	Losses incurred (current accident year \$.....581,372)			
2.1	Direct	676,861	765,314	993,837
2.2	Assumed			
2.3	Ceded	95,489	107,815	17,877
2.4	Net	581,372	657,499	975,960
3.	Loss adjustment expenses incurred	1,216,999	1,306,640	1,481,591
4.	Other underwriting expenses incurred	1,006,782	1,070,597	2,580,144
5.	Aggregate write-ins for underwriting deductions			
6.	TOTAL underwriting deductions (Lines 2 through 5)	2,805,153	3,034,736	5,037,695
7.	Net income of protected cells			
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(425,599)	(354,863)	572,523
<b>INVESTMENT INCOME</b>				
9.	Net investment income earned	350,409	386,753	713,417
10.	Net realized capital gains (losses) less capital gains tax of \$.....0	20,147	15,671	198,117
11.	Net investment gain (loss) (Lines 9 + 10)	370,556	402,424	911,534
<b>OTHER INCOME</b>				
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)			
13.	Finance and service charges not included in premiums			
14.	Aggregate write-ins for miscellaneous income			
15.	TOTAL other income (Lines 12 through 14)			
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(55,043)	47,561	1,484,057
17.	Dividends to policyholders			500,000
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	(55,043)	47,561	984,057
19.	Federal and foreign income taxes incurred	(120,825)	(89,681)	210,134
20.	Net income (Line 18 minus Line 19) (to Line 22)	65,782	137,242	773,923
<b>CAPITAL AND SURPLUS ACCOUNT</b>				
21.	Surplus as regards policyholders, December 31 prior year	13,972,651	13,051,728	13,051,728
22.	Net income (from Line 20)	65,782	137,242	773,923
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	(121,677)	(140,461)	(75,025)
27.	Change in nonadmitted assets	92,580	150,061	74,798
28.	Change in provision for reinsurance			
29.	Change in surplus notes			
30.	Surplus (contributed to) withdrawn from Protected cells			
31.	Cumulative effect of changes in accounting principles			68,044
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		79,184	79,183
33.2	Transferred to capital (Stock Dividend)			
33.3	Transferred from capital			
34.	Net remittances from or (to) Home Office			
35.	Dividends to stockholders			
36.	Change in treasury stock			
37.	Aggregate write-ins for gains and losses in surplus			
38.	Change in surplus as regards policyholders (Lines 22 through 37)	36,685	226,026	920,923
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	14,009,336	13,277,754	13,972,651
<b>DETAILS OF WRITE-INS</b>				
0501.				
0502.				
0503.				
0598.	Summary of remaining write-ins for Line 5 from overflow page			
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)			
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
3701.				
3702.				
3703.				
3798.	Summary of remaining write-ins for Line 37 from overflow page			
3799.	TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)			

STATEMENT AS OF **June 30, 2013** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**  
**CASH FLOW**

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>				
1.	Premiums collected net of reinsurance .....	2,423,906	2,072,168	5,106,470
2.	Net investment income .....	375,932	461,528	857,986
3.	Miscellaneous income .....			
4.	<b>TOTAL (Lines 1 to 3) .....</b>	<b>2,799,838</b>	<b>2,533,696</b>	<b>5,964,456</b>
5.	Benefit and loss related payments .....	(57,551)	290,771	923,992
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	1,637,055	1,707,075	3,229,163
8.	Dividends paid to policyholders .....			500,000
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	285,000	401,000	401,001
10.	<b>TOTAL (Lines 5 through 9) .....</b>	<b>1,864,504</b>	<b>2,398,846</b>	<b>5,054,156</b>
11.	<b>Net cash from operations (Line 4 minus Line 10) .....</b>	<b>935,334</b>	<b>134,850</b>	<b>910,300</b>
<b>Cash from Investments</b>				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....	4,651,705	5,552,456	9,877,725
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 .....			0
12.8	<b>TOTAL investment proceeds (Lines 12.1 to 12.7) .....</b>	<b>4,651,705</b>	<b>5,552,456</b>	<b>9,877,725</b>
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....	2,065,929	5,928,073	11,407,836
13.2	Stocks .....			
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....			
13.7	<b>TOTAL investments acquired (Lines 13.1 to 13.6) .....</b>	<b>2,065,929</b>	<b>5,928,073</b>	<b>11,407,836</b>
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	<b>Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....</b>	<b>2,585,776</b>	<b>(375,617)</b>	<b>(1,530,111)</b>
<b>Cash from Financing and Miscellaneous Sources</b>				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....		79,184	79,183
16.3	Borrowed funds .....			
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5	Dividends to stockholders .....			
16.6	Other cash provided (applied) .....	(745,302)	(259,094)	370,803
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(745,302)	(179,910)	449,986
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	2,775,808	(420,677)	(169,825)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	1,528,865	1,698,690	1,698,690
19.2	<b>End of period (Line 18 plus Line 19.1) .....</b>	<b>4,304,673</b>	<b>1,278,013</b>	<b>1,528,865</b>

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

20.0001				
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STATEMENT AS OF **June 30, 2013** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**  
**Notes to Financial Statement**

**1 Summary of Significant Accounting Policies**

A. The accompanying financial statements of Healthcare Underwriters Group Mutual of Ohio (the Company) have been completed in accordance with the *Accounting Practices and Procedures Manual*.

B. & C. - No change.

**2 Accounting Changes and Corrections of Errors - No change.**

**3 Business Combinations and Goodwill - No change.**

**4 Discontinued Operations - No change.**

**5 Investments**

A. Mortgage Loans - No change.

B. Debt Restructuring - No change.

C. Reverse Mortgages - No change.

D. Loan-Backed Securities

(1) The Company's loan-backed securities consist entirely of U.S. Government residential mortgage-backed securities. Any prepayment assumptions are provided by the Company's investment advisor, PNC Institutional Investments.

(2) None of the Company's loan-backed securities have a recognized other-than-temporary impairment.

(3) None of the Company's loan-backed securities have a recognized other-than-temporary impairment.

(4) All impaired securities (fair value is less than amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss:

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$	81,985
2. 12 Months or Longer	\$	83,009

b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$	2,297,137
2. 12 Months or Longer	\$	1,122,350

(5) Advice from the Company's investment manager were considered in reaching the conclusion that the impairments are not other-than-temporary.

**E. Repurchase Agreements and/or Securities Lending Transactions**

(1) - (2) No change.

(3) a. No change.

(3) b. The Company has not accepted collateral that it is permitted by contract or custom to sell or repledge. Therefore, there is no aggregate fair value of securities acquired from the sale, trade or use of collateral.

(3) c. No change.

(4) - (5) No change.

**F. Real Estate - No change.**

**G. Investments in low-income housing tax credits - No change.**

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

**7 Investment Income - No change.**

**8 Derivative Instruments - No change.**

**9 Income Taxes - No change.**

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

**11 Debt - No change.**

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

A. Defined Benefit Plan

(1) - (5) - No change.

(6) - Since the Company does not sponsor a Defined Benefit Plan for which the reporting entity is directly liable, there is no net periodic benefit cost recognized.

(7) - (19) - No change.

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

**14 Contingencies - No change.**

**15 Leases - No change.**

STATEMENT AS OF **June 30, 2013** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**  
**Notes to Financial Statement**

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

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

- A. Transfers of Receivables Reported as Sales - No change
- B. Transfer and Servicing of Financial Assets
  - (1) - No change.
  - (2) a. - No change.
  - (2) b. - Since the Company has no servicing assets and servicing liabilities, there are no contractually specified servicing fees.
  - (3) - No change.
  - (4) a. - Since the Company has no securitizations, asset-backed financing arrangements and similar transfers accounted for as sales when then transferor has continuing involvement with the transferred financial assets, this section is not applicable.
  - (4) b. - Since the Company has no securitizations, asset-backed financing arrangements and similar transfers accounted for as sales when then transferor has continuing involvement with the transferred financial assets, this section is not applicable.
  - (4) c. - d. - No change.
  - (5) - (6) - No change.
- C. Wash Sales - The Company has no wash sales.

18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans (N/A - Title) - No change.

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

20 Fair Value Measurements - Since the Company does not measure any assets or liabilities at fair value in the statement of financial position after initial recognition, this section is not applicable.

21 Other Items - No change.

22 Events Subsequent - No change.

23 Reinsurance - No change.

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

25 Change in Incurred Losses and Loss Adjustment Expenses - No change.

26 Intercompany Pooling Arrangements - No change.

27 Structured Settlements - No change.

28 Health Care Receivables - No change.

29 Participating Policies - No change.

30 Premium Deficiency Reserves - No change.

31 High Deductibles - No change.

32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses - No change.

33 Asbestos/Environmental Reserves - No change.

34 Subscriber Savings Accounts - No change.

35 Multi Peril Crop Insurance - No change.

36 Financial Guaranty Insurance

- A. - No change
- B. (1) - (9) - Since the Company writes no financial guaranty insurance, these sections are not applicable.

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

1.2 If yes, has the report been filed with the domiciliary state? .....

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No[X]

2.2 If yes, date of change: .....

3.1 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No[X]

3.2 If the response to 3.1 is yes, provide a brief description of those changes: .....

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 Name of Entity	2 NAIC Company Code	3 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? Yes [ ] No [ ] N/A[X]  
If yes, attach an explanation. .....

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

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

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 12/01/2009

6.4 By what department or departments?  
Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A[X]

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

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

7.2 If yes, give full information .....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No[X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company. .....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No[X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. .....

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	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? Yes[X] No[ ]  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain: .....

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s). .....

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s). .....

## FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[ ]  
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ ..... 0

## INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No[X]

11.2 If yes, give full and complete information relating thereto: .....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ ..... 0

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No[X]

14.2 If yes, please complete the following: .....

## GENERAL INTERROGATORIES (Continued)

		1 Prior Year-End Book/Adjusted Carrying Value	2 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?

Yes [ ] No [X]

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 [ ] N/A [X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ ..... 0

16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ ..... 0

16.3 Total payable for securities lending reported on the liability page

\$ ..... 0

17. 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?

Yes [X] No [ ]

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [ ] No [X]

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

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

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

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

Yes [X] No [ ]

18.2 If no, list exceptions:

# 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?  Yes  No  N/A  X  
If yes, attach an explanation.

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?  Yes  No  X  
If yes, attach an explanation.

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)
			<b>N O N E</b>	

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN****Current Year to Date - Allocated by States and Territories**

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama (AL) .....	N .....						
2. Alaska (AK) .....	N .....						
3. Arizona (AZ) .....	N .....						
4. Arkansas (AR) .....	N .....						
5. California (CA) .....	N .....						
6. Colorado (CO) .....	N .....						
7. Connecticut (CT) .....	N .....						
8. Delaware (DE) .....	N .....						
9. District of Columbia (DC) .....	N .....						
10. Florida (FL) .....	N .....						
11. Georgia (GA) .....	N .....						
12. Hawaii (HI) .....	N .....						
13. Idaho (ID) .....	N .....						
14. Illinois (IL) .....	N .....						
15. Indiana (IN) .....	N .....						
16. Iowa (IA) .....	N .....						
17. Kansas (KS) .....	N .....						
18. Kentucky (KY) .....	N .....						
19. Louisiana (LA) .....	N .....						
20. Maine (ME) .....	N .....						
21. Maryland (MD) .....	N .....						
22. Massachusetts (MA) .....	N .....						
23. Michigan (MI) .....	N .....						
24. Minnesota (MN) .....	N .....						
25. Mississippi (MS) .....	N .....						
26. Missouri (MO) .....	N .....						
27. Montana (MT) .....	N .....						
28. Nebraska (NE) .....	N .....						
29. Nevada (NV) .....	N .....						
30. New Hampshire (NH) .....	N .....						
31. New Jersey (NJ) .....	N .....						
32. New Mexico (NM) .....	N .....						
33. New York (NY) .....	N .....						
34. North Carolina (NC) .....	N .....						
35. North Dakota (ND) .....	N .....						
36. Ohio (OH) .....	L .....	2,630,858	2,890,592	(57,551)	319,000	6,516,197	6,428,254
37. Oklahoma (OK) .....	N .....						
38. Oregon (OR) .....	N .....						
39. Pennsylvania (PA) .....	N .....						
40. Rhode Island (RI) .....	N .....						
41. South Carolina (SC) .....	N .....						
42. South Dakota (SD) .....	N .....						
43. Tennessee (TN) .....	N .....						
44. Texas (TX) .....	N .....						
45. Utah (UT) .....	N .....						
46. Vermont (VT) .....	N .....						
47. Virginia (VA) .....	N .....						
48. Washington (WA) .....	N .....						
49. West Virginia (WV) .....	N .....						
50. Wisconsin (WI) .....	N .....						
51. Wyoming (WY) .....	N .....						
52. American Samoa (AS) .....	N .....						
53. Guam (GU) .....	N .....						
54. Puerto Rico (PR) .....	N .....						
55. U.S. Virgin Islands (VI) .....	N .....						
56. Northern Mariana Islands (MP) .....	N .....						
57. Canada (CAN) .....	N .....						
58. Aggregate other alien (OT) .....	XXX .....						
59. Totals .....	(a) 1 .....	2,630,858	2,890,592	(57,551)	319,000	6,516,197	6,428,254
<b>DETAILS OF WRITE-INS</b>							
5801. ....	XXX .....						
5802. ....	XXX .....						
5803. ....	XXX .....						
5898. Summary of remaining write-ins for Line 58 from overflow page .....	XXX .....						
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above) .....	XXX .....						

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

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

**11 Schedule Y Part 1 .....** **NONE**

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

STATEMENT AS OF **June 30, 2013** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**  
**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire .....				
2. Allied lines .....				
3. Farmowners multiple peril .....				
4. Homeowners multiple peril .....				
5. Commercial multiple peril .....				
6. Mortgage guaranty .....				
8. Ocean marine .....				
9. Inland marine .....				
10. Financial guaranty .....				
11.1 Medical professional liability - occurrence .....	203,897	47,785	23.436	23.503
11.2 Medical professional liability - claims made .....	2,583,097	629,076	24.354	24.469
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 .....	XXX	XXX	XXX	XXX
32. Reinsurance-Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX
33. Reinsurance-Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business .....				
35. TOTALS .....	2,786,994	676,861	24.286	24.384
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 .....	179,552	203,897	277,494
11.2 Medical professional liability - claims made .....	1,063,878	2,426,961	2,613,098
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 .....	XXX	XXX	XXX
32. Reinsurance-Nonproportional Assumed Liability .....	XXX	XXX	XXX
33. Reinsurance-Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business .....			
35. TOTALS .....	1,243,430	2,630,858	2,890,592
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**

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	4 2013 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2013 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2013 Loss and LAE Payments (Cols. 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	9	10 Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2010 + Prior .....	1,577	808	2,385	316		316	1,444			625	2,069	183	(183)
2. 2011 .....	500	2,490	2,990	49		49	519			2,422	2,941	68	(68)
3. Subtotals 2011 + Prior .....	2,077	3,298	5,375	365		365	1,963			3,047	5,010	251	(251)
4. 2012 .....	1,666	2,495	4,161	235		235	1,283			2,643	3,926	(148)	148
5. Subtotals 2012 + Prior .....	3,743	5,793	9,536	600		600	3,246			5,690	8,936	103	(103)
6. 2013 .....	XXX	XXX	XXX	XXX		60	60	XXX		2,145	(407)	1,738	XXX
7. Totals .....	3,743	5,793	9,536	600		60	660	3,246		2,145	5,283	10,674	103
												Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7
8. Prior Year-End's Surplus As Regards Policyholders .....	13,973											1.....2,752	2.....(1,778)
													3.....
													4.....
													Col. 13, Line 7 Line 8

## 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.

1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

### RESPONSES

No  
Yes  
No  
No

Explanations:

Bar Codes:

Trusted Surplus Statement



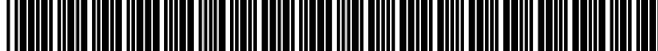
Document Code: 490

Medicare Part D Coverage Supplement



Document Code: 365

Director and Officer Supplement



1223320135050002

2013

Document Code: 505

STATEMENT AS OF **June 30, 2013** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**  
**OVERFLOW PAGE FOR WRITE-INS**

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STATEMENT AS OF **June 30, 2013** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**  
**SCHEDULE A - VERIFICATION**

Real Estate

	1 Year To Date	2 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 Year To Date	2 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 Year To Date	2 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 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	25,047,585	23,323,415
2. Cost of bonds and stocks acquired .....	2,065,929	11,407,836
3. Accrual of discount .....	5,117	9,897
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	20,147	300,177
6. Deduct consideration for bonds and stocks disposed of .....	4,651,705	9,877,725
7. Deduct amortization of premium .....	60,768	116,015
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other than temporary impairment recognized .....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	22,426,305	25,047,585
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11) .....	22,426,305	25,047,585

**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 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a)	25,994,625	4,363,462	4,137,991	(27,453)	25,994,625	26,192,643		25,854,367
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	25,994,625	4,363,462	4,137,991	(27,453)	25,994,625	26,192,643		25,854,367
<b>PREFERRED STOCK</b>								
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	25,994,625	4,363,462	4,137,991	(27,453)	25,994,625	26,192,643		25,854,367

(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 .....	3,766,339	XXX	3,766,339	64	

**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 .....	806,782	1,012,545
2. Cost of short-term investments acquired .....	5,346,376	3,220,943
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....	2,386,819	3,426,706
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) .....	3,766,339	806,782
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	3,766,339	806,782

**SI04 Schedule DB - Part A Verification .....** **NONE**

**SI04 Schedule DB - Part B Verification .....** **NONE**

**SI05 Schedule DB Part C Section 1 .....** **NONE**

**SI06 Schedule DB Part C Section 2 .....** **NONE**

**SI07 Schedule DB - Verification .....** **NONE**

**SCHEDULE E - Verification**  
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	711,479	699,740
2. Cost of cash equivalents acquired .....	3,522,262	5,538,238
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....	3,701,949	5,526,499
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) .....	531,792	711,479
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	531,792	711,479

**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 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Governments</b>									
912828RK8 .....	USA Treasury Notes .....		03/28/2013 .....	Barclays Capital Inc Fix Income .....	XXX .....	1,000,039 .....	1,000,000 .....	3 .....	1 .....
0599999 Subtotal - Bonds - U.S. Governments .....					XXX .....	1,000,039 .....	1,000,000 .....	3 .....	XXX .....
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
053611AG4 .....	Avery Dennison Corp .....		04/03/2013 .....	Banc/America Sec. LLC Montgomery .....	XXX .....	153,843 .....	154,000 .....		2FE .....
037833AK6 .....	Apple Inc .....		04/30/2013 .....	Goldman Sachs & Co. .....	XXX .....	249,668 .....	250,000 .....		1FE .....
857477AL7 .....	State Street Corp .....		05/08/2013 .....	Banc/America Sec. LLC Montgomery .....	XXX .....	134,781 .....	135,000 .....		1FE .....
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) .....					XXX .....	538,292 .....	539,000 .....		XXX .....
8399997 Subtotal - Bonds - Part 3 .....					XXX .....	1,538,331 .....	1,539,000 .....	3 .....	XXX .....
8399999 Subtotal - Bonds .....					XXX .....	1,538,331 .....	1,539,000 .....	3 .....	XXX .....
9899999 Subtotal - Preferred and Common Stocks .....					XXX .....		XXX .....		XXX .....
9999999 Total - Bonds, Preferred and Common Stocks .....					XXX .....	1,538,331 .....	XXX .....	3 .....	XXX .....

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

## **SCHEDULE D - PART 4**

**Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of  
During the Current Quarter**

1 CUSIP Identification	2 Description	3 For eign Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/ Adjusted Carrying Value	10 Unrealized Valuation Increase/ (Decrease)	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 Current Year's Other Than Temporary Impairment Recognized	12 Current Year's (Amortization)/ Accretion	13 Total Change in B/A.C.V. (11 + 12 - 13)	14 Total Foreign Exchange Change in B/A.C.V.	15									
<b>Bonds - U.S. Governments</b>																							
912828NH9 .	USA Treasury Note .....	06/15/2013	Matured .....	XXX .....	1,500,000	1,500,000	1,514,540	1,505,573												8,438	06/15/2013	1 .....	
912828NH9 .	USA Treasury Note .....	06/15/2013	Matured .....	XXX .....	1,000,000	1,000,000	1,009,693	1,003,873												5,625	06/15/2013	1 .....	
912828NH9 .	USA Treasury Note .....	06/15/2013	Matured .....	XXX .....	300,000	300,000	302,908	301,273												1,688	06/15/2013	1 .....	
31416WL91 .	FNMA Pool #AB1251 .....	06/25/2013	Called .....	XXX .....	22,056	22,056	22,056	22,056												22,056	07/01/2040	1FE .....	
31410FUZ6 .	FNMA Pool #886100 .....	06/25/2013	Called .....	XXX .....	18,496	18,496	18,496	18,496												18,496	09/01/2036	1FE .....	
31402RP29 .	FNMA Pool #735841 .....	06/25/2013	Called .....	XXX .....	29,202	29,202	29,202	29,202												29,202	11/01/2019	1FE .....	
31416BTH1 .	FNMA Pool #995252 .....	06/25/2013	Called .....	XXX .....	5,703	5,703	5,703	5,703												5,703	12/01/2023	1FE .....	
31417TNK0 .	FNMA Pool #AC6693 .....	06/25/2013	Called .....	XXX .....	17,367	17,367	17,367	17,367												17,367	01/01/2040	1FE .....	
31412P6K2 .	FNMA Pool #931574 .....	06/25/2013	Called .....	XXX .....	15,292	15,292	15,292	15,292												15,292	02/01/2035	1FE .....	
31417Y2Y2 .	FNMA Pool #MA0790 .....	06/25/2013	Called .....	XXX .....	29,366	29,366	29,366	29,366												29,366	06/01/2041	1FE .....	
31408EXV9 .	FNMA Pool #849492 .....	06/25/2013	Called .....	XXX .....	65,381	65,381	65,381	65,381												65,381	12/01/2035	1FE .....	
31410G4H3 .	FNMA Pool #889224 .....	06/25/2013	Called .....	XXX .....	21,656	21,656	21,656	21,656												21,656	01/01/2037	1FE .....	
31403C6L0 .	FNMA Pool #745275 .....	06/25/2013	Called .....	XXX .....	20,989	20,989	20,989	20,989												20,989	02/01/2036	1FE .....	
31403DG7 .	FNMA Pool #745755 .....	06/25/2013	Called .....	XXX .....	18,228	18,228	18,228	18,228												18,228	12/01/2035	1FE .....	
31403DW9 .	FNMA Pool #745959 .....	06/25/2013	Called .....	XXX .....	21,305	21,305	21,305	21,305												21,305	11/01/2036	1FE .....	
31416XB4P .	FNMA Pool #AB1845 .....	06/25/2013	Called .....	XXX .....	26,697	26,697	26,697	26,697												26,697	11/01/2040	1FE .....	
31417YQ3 .	FNMA Pool #MA0462 .....	06/25/2013	Called .....	XXX .....	25,039	25,039	25,039	25,039												25,039	07/01/2025	1FE .....	
31418VUT7 .	FNMA Pool #AD7793 .....	06/25/2013	Called .....	XXX .....	26,377	26,377	26,377	26,377												26,377	07/01/2040	1FE .....	
31419FFW1 .	FNMA Pool #AE4680 .....	06/25/2013	Called .....	XXX .....	11,727	11,727	11,727	11,727												11,727	11/01/2040	1FE .....	
3138E1K48 .	FNMA Pool #AJ8414 .....	06/25/2013	Called .....	XXX .....	20,589	20,589	20,589	20,589												20,589	02/01/2042	1FE .....	
3138E2GH2 .	FNMA Pool #AJ8199 .....	06/25/2013	Called .....	XXX .....	14,086	14,086	14,086	14,086												14,086	01/01/2042	1FE .....	
912828RR3 .	USA Treasury Note .....	03/28/2013	Morgan Stanley and Co., Inc.	XXX .....	773,583	750,000	753,926	753,531	(95)											753,436	11/15/2021	1 .....	
0599999 Subtotal - Bonds - U.S. Governments .....				XXX .....	3,983,139	3,959,556	3,990,623	3,973,806		(10,814)			(10,814)							3,962,992	20,147	20,147	
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																							
084664BD2 .	Berkshire Hathaway Fin .....	05/15/2013	Matured .....	XXX .....	175,000	175,000	180,308	175,409		(409)			(409)							175,000	4,025	05/15/2013	1FE .....
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) .....				XXX .....	175,000	175,000	180,308	175,409		(409)			(409)							175,000	4,025	XXX .....	XXX .....
8399997 Subtotal - Bonds - Part 4 .....				XXX .....	4,158,139	4,134,556	4,170,931	4,149,215		(11,223)			(11,223)							4,137,992	20,147	20,147	19,776 .....
8399999 Subtotal - Bonds .....				XXX .....	4,158,139	4,134,556	4,170,931	4,149,215		(11,223)			(11,223)							4,137,992	20,147	20,147	19,776 .....
9899999 Subtotal - Preferred and Common Stocks .....				XXX .....		XXX .....																	XXX .....
9999999 Total - Bonds, Preferred and Common Stocks .....				XXX .....	4,158,139	XXX .....	4,170,931	4,149,215		(11,223)			(11,223)							4,137,992	20,147	20,147	19,776 .....

(a) For all common stock bearing the NAIC market indicator "LI" provide: the number of such issues 0

Q05

E06 Schedule DB Part A Section 1 ..... NONE

E07 Schedule DB Part B Section 1 ..... NONE

E08 Schedule DB Part D Section 1 ..... NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity ..... NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity ..... NONE

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets ..... NONE

E11 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
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
<b>open depositories</b>										
PNC Bank .....							(52,498)	(126,226)	6,542	XXX
0199998 Deposits in .....0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories .....		XXX	XXX ..						XXX
0199999 Totals - Open Depositories .....			XXX	XXX ..			(52,498)	(126,226)	6,542	XXX
0299998 Deposits in .....0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....		XXX	XXX ..						XXX
0299999 Totals - Suspended Depositories .....			XXX	XXX ..						XXX
0399999 Total Cash On Deposit .....			XXX	XXX ..			(52,498)	(126,226)	6,542	XXX
0499999 Cash in Company's Office .....			XXX	XXX ..	XXX	XXX ..				XXX
0599999 Total Cash .....			XXX	XXX ..			(52,498)	(126,226)	6,542	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
8399999 Subtotals - Bonds .....							
<b>Sweep Accounts</b>							
PNC Premium Business Money Market .....			0.000		531,792		558
8499999 Sweep Accounts .....					531,792		558
8599999 Other Cash Equivalents .....							
8699999 Total - Cash Equivalents .....					531,792		558



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2013

Document Code: 455

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

Physicians, including surgeons and osteopaths

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		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) .....	2,630,858	2,786,994	(57,551)	1	676,861	3,801,000	58	2,715,197
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 .....	2,630,858	2,786,994	(57,551)	1	676,861	3,801,000	58	2,715,197
<b>DETAILS OF WRITE-INS</b>								
5801. ....	.....	.....	.....	.....	.....	.....	.....	.....
5802. ....	.....	.....	.....	.....	.....	.....	.....	.....
5803. ....	.....	.....	.....	.....	.....	.....	.....	.....
5898. Summary of remaining write-ins for Line 58 from overflow page .....	.....	.....	.....	.....	.....	.....	.....	.....
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above) .....	.....	.....	.....	.....	.....	.....	.....	.....

**Supp5    Sup. A To T - Hospitals .....** **NONE**

**Supp5    Sup. A To T - Other Healthcare Professionals .....** **NONE**

**Supp5    Sup. A To T - Other Healthcare Facilities .....** **NONE**

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