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QUARTERLY STATEMENT
AS OF JUNE 30, 2013
OF THE CONDITION AND AFFAIRS OF THE
OHIC Insurance Company

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

OFFICERS

Name	Title
RICHARD ELLIOTT ANDERSON MD	PRESIDENT, CHIEF EXECUTIVE OFFICER
DAVID GERARD PREIMESBERGER	TREASURER, CHIEF FINANCIAL OFFICER
DAVID ARMAND MCHALE	SECRETARY

OTHERS

DOUGLAS CHARLES WILL, VICE PRESIDENT
 ROBERT DAVID FRANCIS, CHIEF OPERATING OFFICER
 DOUGLAS WILLIAM BOLTZ, ASSISTANT VICE PRESIDENT

DARRELL BLAIR RANUM, REGIONAL VICE PRESIDENT
 MICHAEL YACOB, SENIOR VICE PRESIDENT

DIRECTORS OR TRUSTEES

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

State of CaliforniaCounty of NAPA ss

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

<u>(Signature)</u> ROBERT DAVID FRANCIS (Printed Name) 1. CHIEF OPERATING OFFICER (Title)	<u>(Signature)</u> DAVID ARMAND MCHALE (Printed Name) 2. SECRETARY (Title)	<u>(Signature)</u> DAVID GERARD PREIMESBERGER (Printed Name) 3. CHIEF FINANCIAL OFFICER (Title)
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Subscribed and sworn to before me this _____ day of _____ 2013, by Robert David Francis, proved to me on the basis of satisfactory evidence to be the person who appeared before me, and David Armand McHale, proved to me on the basis of satisfactory evidence to be the person who appeared before me, and David Gerard Preimesberger, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

a. Is this an original filing? Yes[X] No[]

b. If no: 1. State the amendment number 0
2. Date filed _____
3. Number of pages attached 0

(Notary Public Signature)

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	95,806,499		95,806,499	79,681,033
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 (\$.....640,668), cash equivalents (\$.....0) and short-term investments (\$.....6,727,401)	7,368,069		7,368,069	5,410,612
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				2,200,000
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	103,174,568		103,174,568	87,291,645
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	901,383		901,383	837,562
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	268,638		268,638	696,281
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	2,196,970		2,196,970	2,196,970
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	129,870		129,870	11,969,173
18.2 Net deferred tax asset	1,396,830	885,972	510,858	525,000
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				2,543
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	841		841	841
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	108,069,099	885,972	107,183,127	103,520,014
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	108,069,099	885,972	107,183,127	103,520,014
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Miscellaneous Assets	841		841	841
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)	841		841	841

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31, Prior Year
1.	Losses (current accident year \$.....0)	39,208,767	36,418,554
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses	20,131,344	20,859,710
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)	248,232	258,144
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses))		
7.2	Net deferred tax liability		
8.	Borrowed money \$.....0 and interest thereon \$.....0		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act)		
10.	Advance premium		
11.	Dividends declared and unpaid:		
11.1	Stockholders		
11.2	Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)	375,607	375,607
13.	Funds held by company under reinsurance treaties		19,094,354
14.	Amounts withheld or retained by company for account of others	892	892
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$.....0 certified)	99,671	99,671
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates	236,870	225,406
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)	60,301,383	77,332,339
27.	Protected cell liabilities		
28.	TOTAL liabilities (Lines 26 and 27)	60,301,383	77,332,339
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock	3,591,990	3,591,990
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus	78,000,000	58,000,000
35.	Unassigned funds (surplus)	(34,710,246)	(35,404,314)
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)	46,881,744	26,187,676
38.	TOTALS (Page 2, Line 28, Col. 3)	107,183,127	103,520,014
DETAILS OF WRITE-INS			
2501.			
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)		
2901.			
2902.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page		
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.			
3202.			
3203.			
3298.	Summary of remaining write-ins for Line 32 from overflow page		
3299.	TOTALS (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME				
1.	Premiums earned			
1.1	Direct (written \$.....0)		1,083,657	1,099,402
1.2	Assumed (written \$.....0)			
1.3	Ceded (written \$.....0)		885,287	(1,596,136)
1.4	Net (written \$.....0)		198,370	2,695,538
DEDUCTIONS:				
2.	Losses incurred (current accident year \$.....0)	(268,873)	(114,398)	15,842,061
2.1	Direct			
2.2	Assumed			
2.3	Ceded	(3,384)	(1,656,479)	(1,085,173)
2.4	Net	(265,489)	1,542,081	16,927,233
3.	Loss adjustment expenses incurred	220,503	3,305,193	18,071,420
4.	Other underwriting expenses incurred	924,421	665,910	1,216,497
5.	Aggregate write-ins for underwriting deductions			
6.	TOTAL underwriting deductions (Lines 2 through 5)	879,436	5,513,183	36,215,151
7.	Net income of protected cells			
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(879,436)	(5,314,813)	(33,519,613)
INVESTMENT INCOME				
9.	Net investment income earned	1,424,374	1,892,626	3,375,402
10.	Net realized capital gains (losses) less capital gains tax of \$.....23,680	9,722	320,035	1,309,790
11.	Net investment gain (loss) (Lines 9 + 10)	1,434,096	2,212,662	4,685,192
OTHER INCOME				
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)			
13.	Finance and service charges not included in premiums			
14.	Aggregate write-ins for miscellaneous income		(1,317,063)	(1,210,912)
15.	TOTAL other income (Lines 12 through 14)		(1,317,063)	(1,210,912)
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	554,660	(4,419,214)	(30,045,333)
17.	Dividends to policyholders			
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	554,660	(4,419,214)	(30,045,333)
19.	Federal and foreign income taxes incurred	(153,550)	(3,006,739)	(12,756,470)
20.	Net income (Line 18 minus Line 19) (to Line 22)	708,211	(1,412,476)	(17,288,863)
CAPITAL AND SURPLUS ACCOUNT				
21.	Surplus as regards policyholders, December 31 prior year	26,187,676	44,780,151	44,780,151
22.	Net income (from Line 20)	708,211	(1,412,476)	(17,288,863)
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	(122,446)	(796,656)	(1,332,099)
27.	Change in nonadmitted assets	108,304	(461,743)	(835,229)
28.	Change in provision for reinsurance	0	0	(82,450)
29.	Change in surplus notes			
30.	Surplus (contributed to) withdrawn from Protected cells			
31.	Cumulative effect of changes in accounting principles		946,166	946,166
32.	Capital changes:			
32.1	Paid in			
32.2	Transferred from surplus (Stock Dividend)			
32.3	Transferred to surplus			
33.	Surplus adjustments:			
33.1	Paid in	20,000,000	25,265,856	25,265,856
33.2	Transferred to capital (Stock Dividend)			
33.3	Transferred from capital			
34.	Net remittances from or (to) Home Office			
35.	Dividends to stockholders		(25,265,856)	(25,265,856)
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)	20,694,069	(1,724,708)	(18,592,475)
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	46,881,744	43,055,443	26,187,676
DETAILS OF WRITE-INS				
0501.				
0502.				
0503.				
0598.	Summary of remaining write-ins for Line 5 from overflow page			
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)			
1401.	Interest on FWA		(1,317,063)	(1,210,912)
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)		(1,317,063)	(1,210,912)
3701.				
3702.				
3703.				
3798.	Summary of remaining write-ins for Line 37 from overflow page			
3799.	TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance		(1,357,778)	(1,184,880)
2.	Net investment income	1,657,366	2,430,636	4,306,378
3.	Miscellaneous income		(1,317,063)	(1,210,912)
4.	TOTAL (Lines 1 to 3)	1,657,366	(244,204)	1,910,586
5.	Benefit and loss related payments	(3,483,344)	125,124	1,813,642
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	1,883,203	2,594,484	4,978,567
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....23,680 tax on capital gains (losses)	(11,969,173)	649,648	567,621
10.	TOTAL (Lines 5 through 9)	(13,569,314)	3,369,255	7,359,830
11.	Net cash from operations (Line 4 minus Line 10)	15,226,681	(3,613,460)	(5,449,243)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	16,075,156	25,963,660	50,868,737
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	2,200,000	465,864	0
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	18,275,156	26,429,524	50,868,737
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	32,464,033	11,677,547	28,578,336
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications			1,734,136
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	32,464,033	11,677,547	30,312,472
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(14,188,877)	14,751,977	20,556,265
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock	20,000,000	25,265,856	25,265,856
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders		25,265,856	25,265,856
16.6	Other cash provided (applied)	(19,080,347)	(13,486,145)	(14,039,491)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	919,653	(13,486,145)	(14,039,491)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	1,957,457	(2,347,627)	1,067,531
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	5,410,612	4,343,080	4,343,080
19.2	End of period (Line 18 plus Line 19.1)	7,368,069	1,995,453	5,410,612

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

20.0001				
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Notes to Financial Statement

1. Summary of Significant Accounting Policies

Accounting Practices

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

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

Description	State of Domicile	As of	
		Jun. 30, 2013	Dec. 31, 2012
Net Income – State Basis (Page 4, Line 20, Columns 1 &3)	OH	\$ 708,211	\$(17,288,863)
Net Income – NAIC SAP	OH	\$ 708,211	\$(17,288,863)
Surplus – State Basis (Page 3, Line 37, Columns 1& 2)	OH	\$ 46,881,744	\$ 26,187,676
Surplus – NAIC SAP	OH	\$ 46,881,744	\$ 26,187,676

2. Accounting Changes and Correction of Errors

A. Accounting Changes and Correction of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

A. Mortgage Loans

No significant changes

B. Troubled Debt Restructuring for Creditors

None

C. Reverse Mortgages

None

D. Loan-backed Securities

1. Prepayment assumptions for loan-backed and structured securities were obtained from our investment software vendor through an independent third-party source.

2. The Company has no securities within the scope of SSAP No. 43R with a recognized other-than-temporary impairment

3. Security with a recognized other-than-temporary impairment, currently held by the reporting entity, as the present value of cash flows expected to be collected is less than the amortized cost basis of the securities

None

4. The Company has the following securities with fair value less than amortized cost for which other-than-temporary impairment has not been recognized in earnings as realized loss.

a. Aggregate amount of unrealized losses:

1. Less than 12 Months	\$ 117,976
2. 12 Months or Longer	\$ 32,512

b. Aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$ 5,206,366
2. 12 Months or Longer	\$ 933,054

Notes to Financial Statement

5. All loan-backed and structured securities in an unrealized loss position were reviewed to determine whether other-than-temporary impairments should be recognized. The Company considers various factors when determining other-than-temporary impairment, including: Intent or requirement to sell the security, length of time the security has been in a continuous unrealized loss position, depth of amortized value compared to fair value, and expected redemption percentage. The Company asserts that it has the intent and ability to hold these securities long enough to all the cost basis of the securities to be recovered. It is possible that the Company could recognize other-than-temporary impairments in the future on some of the securities if future events, information and the passage of time causes it to conclude that declines in value are other-than-temporary.

E. Repurchase Agreements and or Securities Lending Transactions

None

F. Real Estate

None

G. Low Income Housing Tax Credits (LIHTC)

No significant changes

6. Joint Ventures, Partnerships and Limited Liability Corporations

No significant changes

7. Investment Income

No significant changes

8. Derivative Instruments

None

9. Income Taxes

No significant changes

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Name of Relationships

All shares of the Company are owned by TDC, which is wholly owned by its policyholders. TDC holds 100% ownership either directly or indirectly, except where indicated differently, of all subsidiaries and affiliates listed on Schedule Y included in this statement.

B. Detail of Transactions Greater than 1/2% of Admitted Assets:

None

C. Change in Terms of Intercompany Arrangements:

None

D. Amounts Due to or from Related Parties:

	06/30/2013	12/31/2012
SCPIE	\$ -	\$ (930)
TDC	(3,894)	(14,927)
TDCIS	-	2,543
TDMC	(232,976)	(209,549)
Total Due (To)/From	\$ (236,870)	\$ (222,863)

Balances to TDMC are related to the management agreement (See item F below) which requires balances due to be settled within 30 days of the month end. All other balances are generally settled within 30 days, although this is not required by written agreements.

E. Guarantees or Contingencies for Related Parties

No significant change

Notes to Financial Statement

F. Management or Service Contracts, Cost Sharing Arrangements

The Doctors' Management Company (TDMC) supervises the handling of payment of operating expenses, all underwriting functions and management of claims for The Exchange and all of its subsidiaries.

G. Nature of Relationships that Could Affect Operations:

None

H. Amount Deducted for Investment in Upstream Company:

None

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets:

None

11. Debt

A. Capital Notes

None

B. All Other Debt

None

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

The Company has no employees.

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

None

14. Contingencies

No significant change

15. Leases

No significant change

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant change

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

B. Transfer and Servicing of Financial Assets

None

C. Wash Sales

None

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

None

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

None

Notes to Financial Statement

20. Fair Value Measurement

A. Inputs used and Assets and Liabilities Measured and Reported at Fair Value

The Company has categorized its assets and liabilities that are reported on the balance sheet at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows.

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

Level 2 – Significant observable inputs: The estimated fair values for some of these items are determined by independent pricing services using observable inputs. Others are based on quotes from markets which are not considered actively traded. The Company had no assets or liabilities measured at fair value on a recurring basis in this category.

Level 3 – Significant unobservable inputs: The Company had no assets or liabilities measured at fair value on a recurring basis included in this category.

1. Items Measured and Reported at Fair Value by Level 1, 2, and 3

None

At the end of each reporting period, the Company evaluates whether any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1 and 2. During the current year, no transfers into or out of Level 1 or 2 were required.

2. Assets Measured at Fair Value Using Significant Unobservable Inputs (Level 3)

None

3. Policy on Transfers Into and Out of Level 3

At the end of each reporting period, the Company evaluates whether any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

4. Inputs and Techniques Used for Level 2 and 3 Fair Values

Bonds carried at fair value categorized as Level 2 were valued using a market approach. These valuations were determined to be Level 2 valuations as quoted markets prices for similar instruments in an active market were utilized. This was accomplished by the use of matrix pricing. Matrix pricing takes quoted prices of bonds with similar features and applies analytic methods to determine the fair value of bonds held. Features that are inputs into the analysis include duration, credit quality, tax status and call and sinking fund features.

5. Derivative Fair Values

Not applicable

B. Other Fair Value Disclosures

Not applicable

C. Fair Values for All Financial Instruments by Levels, 1, 2 and 3.

The table below reflects the fair values and admitted values of all admitted assets and liabilities that are financial instruments excluding those accounted for under the equity method (subsidiaries, joint ventures and ventures). The fair values are also categorized into the three-level fair value hierarchy as described above in Note 20A. The Company has no financial instrument liabilities valued at fair value.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not practicable (Carrying Value)
Financial instruments – assets						
Bonds	98,813,381	94,940,486	-	98,813,381	-	-
Cash, cash equivalents and short-term investments	7,368,069	7,368,069	7,368,069	-	-	-

Notes to Financial Statement

D. Financial Instruments for which it is Not Practicable to Estimate Fair Values

None

21. Other Disclosures

C. On April 1, 2013, the Company received notice from the Ohio Insurance Department that the Company triggered a Hazardous Financial Condition (HFC) under Ohio Administrative Rules #3901-3-04(C) (1) (e) (f) (g) due to the significant loss in surplus that occurred in 2012 which resulted from reserve strengthening in the 1992 – 1996 report years. In response, the Company agreed with a request by the Ohio Department of Insurance to increase the amount of capital in the Company by \$20 million which approximates the net loss recorded in 2012. On May 8, 2013, the Exchange, the Company's parent, contributed \$20 million to the Company.

22. Events Subsequent

None

23. Reinsurance

None

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

Immaterial

25. Change in Incurred Losses and Loss Adjustment Expenses

Incurred losses and loss adjustment expenses attributable to insured events of prior years has decreased by \$44,987 from \$769,513,648 as of December 31, 2012 to \$769,468,661 as of June 30, 2013 as a result of re-estimation of unpaid losses and loss adjustment expenses on medical malpractice lines of insurance. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

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

28. Health Care Receivables

None

29. Participating Policies

None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$ 0
2. Date of the most recent evaluation of this liability	12/31/2012
3. Was anticipated investment income utilized in the calculation	No

31. High Deductibles

None

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

The Company does not discount reserves.

33. Asbestos / Environmental Reserves

None

34. Subscriber Savings Accounts

No significant changes

35. Multiple Peril Crop Insurance

None

Notes to Financial Statement

36. Financial Guarantee Insurance

None

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**
GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] No[X]
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[X] N/A[]

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. 12/31/2011

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2011

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). 04/23/2013

6.4 By what department or departments?

OHIO DOI

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]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? 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[] No[X]

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

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

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)
U.S. insurers				
20370 ...	51-0434766 ...	AXIS REINS CO	NY .....	... Yes[X] No[] .
32603 ...	47-0574325 ...	BERKLEY INS CO	DE .....	... Yes[X] No[] .
All other insurers				
00000 ...	AA-1126033 ...	LLOYD'S SYNDICATE NUMBER 33	GBR .....	... Yes[X] No[] .

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)	L						
3. Arizona (AZ)	L						
4. Arkansas (AR)	L						
5. California (CA)	N						
6. Colorado (CO)	L						
7. Connecticut (CT)	N						
8. Delaware (DE)	N						
9. District of Columbia (DC)	N						
10. Florida (FL)	N						
11. Georgia (GA)	L						
12. Hawaii (HI)	N						
13. Idaho (ID)	L						
14. Illinois (IL)	L			150,000		5,880,197	6,035,262
15. Indiana (IN)	L				150,000	996,518	1,054,671
16. Iowa (IA)	L						
17. Kansas (KS)	L						
18. Kentucky (KY)	L					1,625,921	3,007,318
19. Louisiana (LA)	N						
20. Maine (ME)	N						
21. Maryland (MD)	L					32,788,446	17,380,101
22. Massachusetts (MA)	N						
23. Michigan (MI)	L						
24. Minnesota (MN)	L						
25. Mississippi (MS)	N						
26. Missouri (MO)	L						
27. Montana (MT)	L						
28. Nebraska (NE)	L						
29. Nevada (NV)	L						
30. New Hampshire (NH)	N						
31. New Jersey (NJ)	E						
32. New Mexico (NM)	L						
33. New York (NY)	L						
34. North Carolina (NC)	N						
35. North Dakota (ND)	L						
36. Ohio (OH)	L		389	64,535	1,222,500	20,649,498	21,589,929
37. Oklahoma (OK)	L						
38. Oregon (OR)	L						
39. Pennsylvania (PA)	L					1,000,000	752,551
40. Rhode Island (RI)	N						
41. South Carolina (SC)	N						
42. South Dakota (SD)	L						
43. Tennessee (TN)	L						
44. Texas (TX)	L						
45. Utah (UT)	L						
46. Vermont (VT)	N						
47. Virginia (VA)	N						
48. Washington (WA)	L					150,000	150,000
49. West Virginia (WV)	L						
50. Wisconsin (WI)	L					188,733	1,454,850
51. Wyoming (WY)	L						204,081
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) 33		389	214,535	1,372,500	63,279,313	51,628,762
DETAILS OF WRITE-INS							
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						

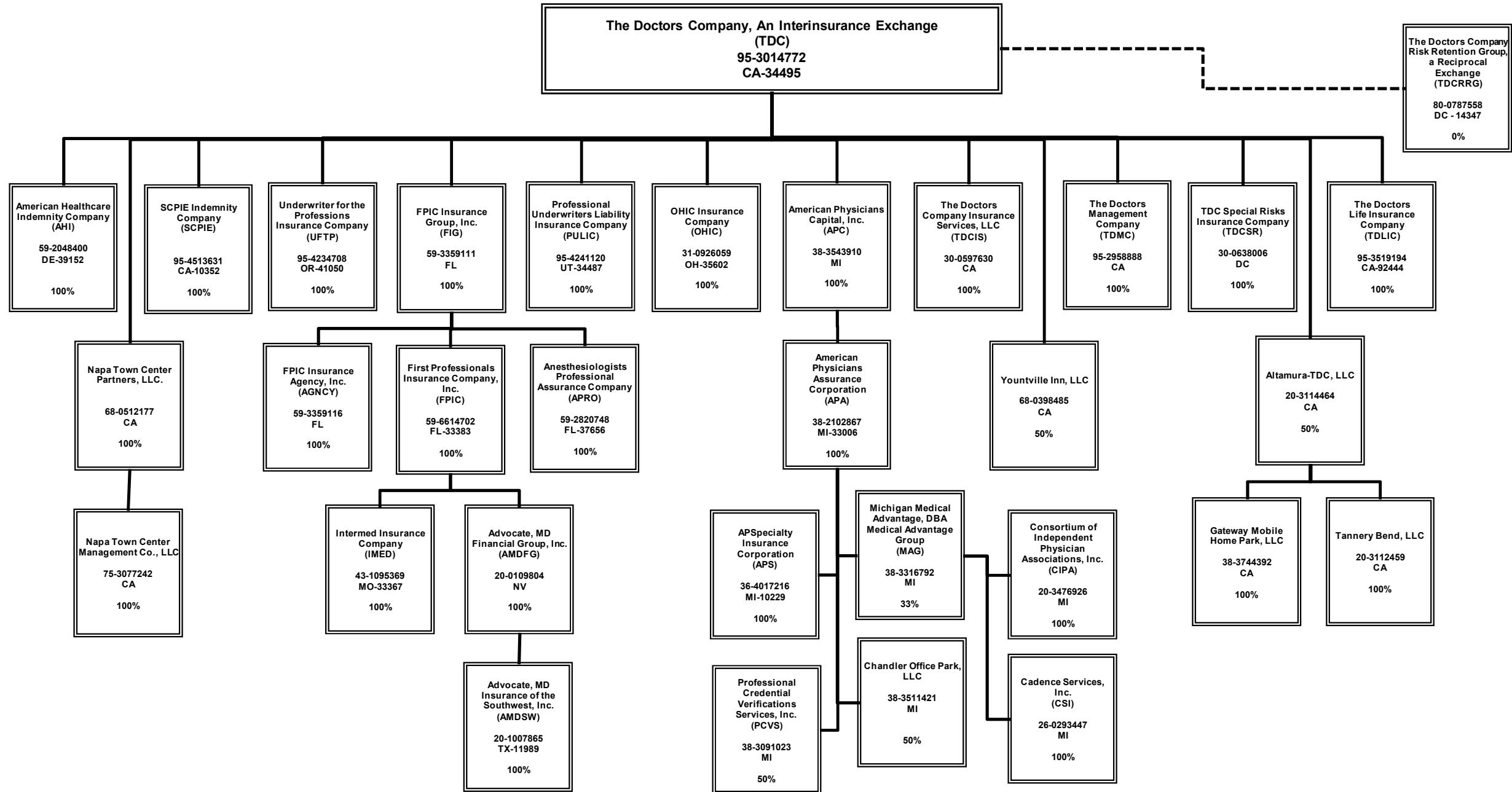
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
0831 ..	The Doctors Group	34495	95-3014772	.....	.....	.....	The Doctors Company, An Interinsurance Exchange	CA	UDP ..	The Doctors Management Company	Ownership, Board of Directors, Attorney-In-Fact .....	.....	.....
0831 ..	The Doctors Group	00000	20-0109804	.....	.....	.....	Advocate, MD Financial Group, Inc.	NV	NIA ..	First Professions Insurance Company, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831 ..	The Doctors Group	00000	20-0109804	.....	.....	.....	Advocate, MD Financial Group, Inc.	NV	NIA ..	The Doctors Management Company	Board of Directors, Management .....	.....	The Doctors Management Company	
0831 ..	The Doctors Group	11989	20-1007865	.....	.....	.....	Advocate, MD Insurance of the Southwest, Inc.	TX	IA ..	Advocate, MD Financial Group, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831 ..	The Doctors Group	11989	20-1007865	.....	.....	.....	Advocate, MD Insurance of the Southwest, Inc.	TX	IA ..	The Doctors Management Company	Board of Directors, Management .....	.....	The Doctors Management Company	
0831 ..	The Doctors Group	00000	20-3114464	.....	.....	.....	Altamura-TDC, LLC	CA	NIA ..	The Doctors Company, An Interinsurance Exchange	Influence	50.0	The Doctors Company, An Interinsurance Exchange, George Altamura Sr.	
0831 ..	The Doctors Group	39152	59-2048400	.....	.....	.....	American Healthcare Indemnity, Inc.	DE	IA ..	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831 ..	The Doctors Group	39152	59-2048400	.....	.....	.....	American Healthcare Indemnity, Inc.	DE	IA ..	The Doctors Management Company	Board of Directors, Management .....	.....	The Doctors Management Company	
0831 ..	The Doctors Group	33006	38-2102867	.....	.....	.....	American Physicians Assurance Corporation	MI	IA ..	American Physicians Capital, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831 ..	The Doctors Group	33006	38-2102867	.....	.....	.....	American Physicians Assurance Corporation	MI	IA ..	The Doctors Management Company	Board of Directors, Management .....	.....	The Doctors Management Company	
0831 ..	The Doctors Group	00000	38-3543910	.....	.....	.....	American Physicians Capital, Inc.	MI	NIA ..	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831 ..	The Doctors Group	00000	38-3543910	.....	.....	.....	American Physicians Capital, Inc.	MI	NIA ..	The Doctors Management Company	Board of Directors, Management .....	.....	The Doctors Management Company	
0831 ..	The Doctors Group	37656	59-2820748	.....	.....	.....	Anesthesiologists Professional Assurance Company	FL	IA ..	FPIC Insurance Group, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831 ..	The Doctors Group	37656	59-2820748	.....	.....	.....	Anesthesiologists Professional Assurance Company	FL	IA ..	The Doctors Management Company	Board of Directors, Management .....	.....	The Doctors Management Company	
0831 ..	The Doctors Group	10229	36-4017216	.....	.....	.....	APSpecialty Insurance Corporation	MI	IA ..	American Physicians Assurance Corporation	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831 ..	The Doctors Group	10229	36-4017216	.....	.....	.....	APSpecialty Insurance Corporation	MI	IA ..	The Doctors Management Company	Board of Directors, Management .....	.....	The Doctors Management Company	
0831 ..	The Doctors Group	00000	26-0293447	.....	.....	.....	Cadence Services, Inc.	MI	NIA ..	Michigan Medical Advantage, DBA Medical Advantage Group	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831 ..	The Doctors Group	00000	38-3511421	.....	.....	.....	Chandler Office Park, LLC	MI	NIA ..	American Physicians Assurance Corporation	Influence	50.0	The Doctors Company, An Interinsurance Exchange, Chandler Farms, LLC	
0831 ..	The Doctors Group	00000	20-3476926	.....	.....	.....	Consortium of Independent Physician Associations, Inc.	MI	NIA ..	Michigan Medical Advantage, DBA Medical Advantage Group	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831 ..	The Doctors Group	33383	59-6614702	.....	.....	.....	First Professionals Insurance Company, Inc.	FL	IA ..	FPIC Insurance Group, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831 ..	The Doctors Group	33383	59-6614702	.....	.....	.....	First Professionals Insurance Company, Inc.	FL	IA ..	The Doctors Management Company	Board of Directors, Management .....	.....	The Doctors Management Company	
0831 ..	The Doctors Group	00000	59-3359116	.....	.....	.....	FPIC Insurance Agency, Inc.	FL	NIA ..	FPIC Insurance Group, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831 ..	The Doctors Group	00000	59-3359116	.....	.....	.....	FPIC Insurance Agency, Inc.	FL	NIA ..	The Doctors Management Company	Board of Directors, Management .....	.....	The Doctors Management Company	

Q12

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
Q12.1	The Doctors Group	00000	59-3359111	.....	.....	FPIC Insurance Group, Inc.	FL .. NIA ..	The Doctors Company, An Interinsurance Exchange	Ownership .....	.....	.....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group	00000	59-3359111	.....	.....	FPIC Insurance Group, Inc.	FL .. NIA ..	The Doctors Management Company	Board of Directors, Management .....	.....	.....	.....	The Doctors Management Company .....	.....
	The Doctors Group	00000	38-3744392	.....	.....	Gateway Mobile Home Park, LLC	CA .. NIA ..	Altamura-TDC, LLC	Influence .....	.....	.....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group	33367	43-1095369	.....	.....	Intermed Insurance Company	MO .. IA ..	FPIC Insurance Group, Inc.	Ownership .....	.....	.....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group	33367	43-1095369	.....	.....	Intermed Insurance Company	MO .. IA ..	The Doctors Management Company	Board of Directors, Management .....	.....	.....	.....	The Doctors Management Company .....	.....
	The Doctors Group	00000	38-3316792	.....	.....	Michigan Medical Advantage, DBA Medical Advantage Group	MI .. NIA ..	American Physicians Assurance Corporation	Ownership .....	.....	.....	33.0	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group	00000	38-3316792	.....	.....	Michigan Medical Advantage, DBA Medical Advantage Group	MI .. NIA ..	American Physicians Assurance Corporation	Board of Directors, Management .....	.....	.....	.....	The Doctors Management Company .....	.....
	The Doctors Group	00000	75-3077242	.....	.....	Napa Town Center Management Company, LLC	CA .. NIA ..	Napa Town Center Partners, LLC	Ownership .....	.....	.....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group	00000	68-0512177	.....	.....	Napa Town Center Partners, LLC	CA .. NIA ..	The Doctors Company, An Interinsurance Exchange	Ownership .....	.....	.....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group	35602	31-0926059	.....	.....	OHIC Insurance Company	OH ..	The Doctors Company, An Interinsurance Exchange	Ownership .....	.....	.....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group	35602	31-0926059	.....	.....	OHIC Insurance Company	OH ..	The Doctors Management Company	Board of Directors, Management .....	.....	.....	.....	The Doctors Management Company .....	.....
	The Doctors Group	00000	38-3091023	.....	.....	Professional Credential Verifications Services, Inc.	MI .. NIA ..	American Physicians Assurance Corporation	Ownership .....	.....	.....	50.0	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group	00000	38-3091023	.....	.....	Professional Credential Verifications Services, Inc.	MI .. NIA ..	American Physicians Assurance Corporation	Board of Directors, Management .....	.....	.....	.....	The Doctors Management Company .....	.....
	The Doctors Group	34487	95-4241120	.....	.....	Professional Underwriters Liability Insurance Company	UT .. IA ..	The Doctors Company, An Interinsurance Exchange	Ownership .....	.....	.....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group	34487	95-4241120	.....	.....	Professional Underwriters Liability Insurance Company	UT .. IA ..	The Doctors Management Company	Board of Directors, Management .....	.....	.....	.....	The Doctors Management Company .....	.....
	The Doctors Group	10352	95-4513631	.....	.....	SCPIE Indemnity Company	CA .. IA ..	The Doctors Company, An Interinsurance Exchange	Ownership .....	.....	.....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group	10352	95-4513631	.....	.....	SCPIE Indemnity Company	CA .. IA ..	The Doctors Management Company	Board of Directors, Management .....	.....	.....	100.0	The Doctors Management Company .....	.....
	The Doctors Group	00000	20-3112459	.....	.....	Tannery Bend, LLC	CA .. NIA ..	Altamura-TDC, LLC	Influence .....	.....	.....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group	00000	30-0638006	.....	.....	TDC Special Risks Insurance Company	DC .. IA ..	The Doctors Company, An Interinsurance Exchange	Ownership .....	.....	.....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group	00000	30-0638006	.....	.....	TDC Special Risks Insurance Company	DC .. IA ..	The Doctors Management Company	Board of Directors, Management .....	.....	.....	.....	The Doctors Management Company .....	.....
	The Doctors Group	00000	30-0597630	.....	.....	The Doctors Company Insurance Services, LLC	CA .. NIA ..	The Doctors Company, An Interinsurance Exchange	Ownership .....	.....	.....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group	00000	30-0597630	.....	.....	The Doctors Company Insurance Services, LLC	CA .. NIA ..	The Doctors Management Company	Board of Directors, Management .....	.....	.....	.....	The Doctors Management Company .....	.....
	The Doctors Group	14347	80-0787558	.....	.....	The Doctors Company Risk Retention Group	DC .. IA ..	The Doctors Management Company	Board of Directors, Management .....	.....	.....	.....	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group	92444	95-3519194	.....	.....	The Doctors Life Insurance Company	CA .. IA ..	The Doctors Company, An Interinsurance Exchange	Ownership .....	.....	.....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Comp- any Code	4 Federal ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domic- iliary Loca- tion	10 Relation- ship to Report- ing Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
0831 ..	The Doctors Group	92444	95-3519194	.....	.....	.....	The Doctors Life Insurance Company	CA	IA	The Doctors Management Company	Board of Directors, Management .....	.....	The Doctors Management Company	
0831 ..	The Doctors Group	00000	95-2958888	.....	.....	.....	The Doctors Management Company	CA	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831 ..	The Doctors Group	41050	95-4234708	.....	.....	.....	Underwriter for the Professions Insurance Company	OR	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831 ..	The Doctors Group	41050	95-4234708	.....	.....	.....	Underwriter for the Professions Insurance Company	OR	IA	The Doctors Management Company	Board of Directors, Management .....	.....	The Doctors Management Company	
0831 ..	The Doctors Group	00000	68-0398485	.....	.....	.....	Yountville Inn, LLC	CA	NIA	The Doctors Company, An Interinsurance Exchange	Influence	50.0	The Doctors Company, An Interinsurance Exchange, Altamura Family, LLC	

Asterisk	Explanation
Q12.2	0000001

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		199,028		1,071,839
11.2 Medical professional liability - claims made		(467,900)		(102,180)
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		(268,873)		(10,557)

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					
11.2 Medical professional liability - claims made				389	
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				389	

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	24,305	32,332	56,637	1,988		1,988	25,387			27,216	52,603	3,070	(5,116)
2. 2011	272	255	527	(3,476)		(3,476)	2,861			3,141	6,003	(887)	2,886
3. Subtotals 2011 + Prior	24,577	32,587	57,164	(1,488)		(1,488)	28,249			30,357	58,606	2,184	(2,230)
4. 2012	64	50	114	(619)		(619)	2,248			(1,514)	734	1,565	(1,564)
5. Subtotals 2012 + Prior	24,641	32,637	57,278	(2,107)		(2,107)	30,497			28,843	59,340	3,749	(3,794)
6. 2013	XXX	XXX	XXX	XXX		XXX					XXX	XXX	XXX
7. Totals	24,641	32,637	57,278	(2,107)		(2,107)	30,497			28,843	59,340	3,749	(3,794)
												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	26,188											1..... 15.213	2..... (11.624)
												3..... (0.079)	Col. 13, Line 7 Line 8
												4..... (0.172)	

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

Director and Officer Supplement



Document Code: 505

Medicare Part D Coverage Supplement



Document Code: 365

3560220134900002

2013

3560220133650002

2013

Document Code: 365

N O N E

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 va.....
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 poin.....
9. Total foreign exchange change in book value/recorded inve.....
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	79,681,033	100,679,591
2. Cost of bonds and stocks acquired	32,464,033	28,578,336
3. Accrual of discount	7,486	30,936
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals	33,403	2,015,061
6. Deduct consideration for bonds and stocks disposed of	16,075,156	50,868,737
7. Deduct amortization of premium	304,300	754,154
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)	95,806,499	79,681,033
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11)	95,806,499	79,681,033

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
BONDS								
1. Class 1 (a)	63,673,567	35,142,611	14,140,083	(118,637)	63,673,567	84,557,458		68,416,616
2. Class 2 (a)	10,513,290	6,967,178		(8,789)	10,513,290	17,471,679		11,939,652
3. Class 3 (a)								
4. Class 4 (a)	509,710		4,854	(93)	509,710	504,763		514,658
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	74,696,567	42,109,789	14,144,937	(127,519)	74,696,567	102,533,900		80,870,926
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	74,696,567	42,109,789	14,144,937	(127,519)	74,696,567	102,533,900		80,870,926

(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	6,727,401	XXX	6,727,401	93	

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	1,189,893	1,147,083
2. Cost of short-term investments acquired	19,116,295	3,903,473
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	13,578,787	3,860,663
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)	6,727,401	1,189,893
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	6,727,401	1,189,893

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

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

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

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

SI07 Schedule DB - Verification **NONE**

SI08 Schedule E - Verification (Cash Equivalents) **NONE**

E01 Schedule A Part 2 **NONE**

E01 Schedule A Part 3 **NONE**

E02 Schedule B Part 2 **NONE**

E02 Schedule B Part 3 **NONE**

E03 Schedule BA Part 2 **NONE**

E03 Schedule BA Part 3 **NONE**

SCHEDULE D - PART 3

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

1 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)
Bonds - U.S. Special Revenue, Special Assessment									
235036H86	DALLAS FORT WORTH TEX INTL ARP		05/17/2013	MORGAN STANLEY	XXX	1,641,412	1,515,000		1FE
3137B1RP9	FHLMC REMIC SERIES 4189		04/09/2013	JP Morgan Chase	XXX	1,089,063	1,000,000	2,820	1
3136AE2C0	FNMA REMIC TRUST 2013-70		06/05/2013	MERRILL LYNCH FIXED INCOM	XXX	2,108,125	2,000,000	5,250	1
59259YE54	METROPOLITAN TRANSN AUTH N Y R		05/31/2013	JP MORGAN CHASE	XXX	477,756	445,000		1FE
88283KAB4	TEXAS TRANSN COMMN CENT TEX TP		06/05/2013	PERSHING	XXX	1,056,460	1,000,000	15,972	2FE
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					XXX	6,372,816	5,960,000	24,042	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
001055AL6	AFLAC INC		06/03/2013	GOLDMAN SACHS & CO	XXX	2,000,000	2,000,000		1FE
053332AP7	AUTOZONE INC		04/19/2013	CREDIT SUISSE	XXX	496,505	500,000		2FE
059165EF3	BALTIMORE GAS & ELEC CO		06/12/2013	VARIOUS	XXX	1,199,428	1,200,000		2FE
071813BJ7	BAXTER INTL INC		06/04/2013	SOLOMON BROS	XXX	909,909	910,000		1FE
05531FAN3	BB&T CORPORATION		06/14/2013	GOLDMAN SACHS	XXX	1,028,496	1,030,000		1FE
073730AF0	BEAM INC		06/03/2013	CREDIT SUISSE	XXX	1,997,420	2,000,000		2FE
29364DAR1	ENTERGY ARK INC		05/22/2013	CHASE/GREENWICH CAP	XXX	568,393	570,000		1FE
341081FJ1	FLORIDA PWR & LT CO		05/30/2013	WELLS FARGO SECURITIES	XXX	1,568,999	1,575,000		1FE
378272AF5	GLENCORE FDG LLC 144A		05/22/2013	MERRILL LYNCH	XXX	999,430	1,000,000		2FE
44106MAR3	HOSPITALITY PPTYS TR		05/30/2013	SALOMON BROS	XXX	504,429	505,000		2FE
58933YAF2	MERCK & CO INC NEW		05/15/2013	JP Morgan Chase	XXX	1,398,782	1,400,000		1FE
637432MU6	NATIONAL RURAL UTILS COOP FIN		05/30/2013	RBC DOMINION SECURITIES	XXX	219,688	220,000		1FE
74153WBZ1	PRICOA GLBL FDG I MTN 144A		05/21/2013	CREDIT SUISSE	XXX	644,503	645,000		1FE
755111BX8	RAYTHEON CO		06/04/2013	SBC WARBURG INC.	XXX	1,191,650	1,250,000	15,885	1FE
776696AF3	ROPER INDS INC NEW		05/30/2013	MERRILL LYNCH	XXX	713,506	715,000		2FE
22303QAP5	COVIDIEN INTL FIN S A	R	05/13/2013	MERRILL LYNCH	XXX	808,161	810,000		1FE
76720AAM8	RIO TINTO FIN USA PLC	R	06/14/2013	JP MORGAN CHASE	XXX	1,139,489	1,150,000		1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	17,388,788	17,480,000	15,885	XXX
8399997 Subtotal - Bonds - Part 3					XXX	23,761,604	23,440,000	39,927	XXX
8399999 Subtotal - Bonds					XXX	23,761,604	23,440,000	39,927	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX		XXX		XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	23,761,604	XXX	39,927	XXX

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

SCHEDULE D - PART 4

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

1	2	3 F o r e i g n	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's Other Than Temporary Impairment Recognized	Total Change in B/A.C.V.	Total Foreign Exchange Change in B/A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)		
Bonds - U.S. Governments																					
36296KMW9	GNMA #693473	...	06/15/2013	PRINCIPAL RECEIPT	XXX	24,413	24,413	24,550	24,629	(217)	(217)	(217)	24,413					515	06/15/2038	1	
36207JZR7	GNMA PASS-THRU X SINGLE FAMILY	...	06/15/2013	PRINCIPAL RECEIPT	XXX	249	249	252	249	1	1	1	249					7	05/15/2028	1	
36208WCM3	GNMA PASS-THRU X SINGLE FAMILY	...	06/15/2013	PRINCIPAL RECEIPT	XXX	692	692	691	691				692					18	07/15/2028	1	
36209HGJ8	GNMA PASS-THRU X SINGLE FAMILY	...	06/15/2013	PRINCIPAL RECEIPT	XXX	56	56	57	56				56					2	05/15/2028	1	
36209NCP5	GNMA PASS-THRU X SINGLE FAMILY	...	06/15/2013	PRINCIPAL RECEIPT	XXX	140	140	142	141				140					4	05/15/2028	1	
36295QVU1	GNMA PASS-THRU X SINGLE FAMILY	...	06/15/2013	PRINCIPAL RECEIPT	XXX	12,561	12,561	12,661	12,700	(139)	(139)	(139)	12,561					279	11/15/2037	1	
36295ZZ1	GNMA PASS-THRU X SINGLE FAMILY	...	06/15/2013	PRINCIPAL RECEIPT	XXX	8,902	8,902	8,992	9,023	(122)	(122)	(122)	8,902					180	02/15/2038	1	
36296GRY9	GNMA PASS-THRU X SINGLE FAMILY	...	06/15/2013	PRINCIPAL RECEIPT	XXX	24,161	24,161	24,448	24,637	(476)	(476)	(476)	24,161					485	06/15/2038	1	
38377QQB6	GNMA REMIC TRUST 2011-29	...	06/20/2013	PRINCIPAL RECEIPT	XXX	38,980	38,980	43,244	41,911	(2,931)	(2,931)	(2,931)	38,980					685	05/20/2040	1	
0599999 Subtotal - Bonds - U.S. Governments					XXX	110,154	110,154	115,037	114,037	(3,884)	(3,884)	(3,884)	110,154					2,175	XXX	XXX	
Bonds - U.S. Special Revenue, Special Assessment																					
31288AV93	FHLMC C72440	...	06/15/2013	PRINCIPAL RECEIPT	XXX	83,998	83,998	86,311	85,147	(1,149)	(1,149)	(1,149)	83,998					1,956	10/01/2032	1	
3128PST49	FHLMC PC - GOLD 15 YR	...	06/15/2013	PRINCIPAL RECEIPT	XXX	115,629	115,629	117,707	117,106	(1,477)	(1,477)	(1,477)	115,629					1,494	10/01/2025	1	
31398VTM8	FHLMC REMIC SERIES 3659	...	06/15/2013	PRINCIPAL RECEIPT	XXX	45,729	45,729	49,030	46,788	(206)	(206)	(206)	46,582					889	10/15/2031	1	
3137ARXS0	FHLMC REMIC SERIES 4073	...	06/15/2013	PRINCIPAL RECEIPT	XXX	20,735	20,735	22,899	22,626	(1,891)	(1,891)	(1,891)	20,735					324	07/15/2041	1	
3137ASBP8	FHLMC REMIC SERIES 4077	...	06/15/2013	PRINCIPAL RECEIPT	XXX	28,093	28,093	30,318	30,075	(1,982)	(1,982)	(1,982)	28,093					387	11/15/2041	1	
3137B1RP9	FHLMC REMIC SERIES 4189	...	06/15/2013	PRINCIPAL RECEIPT	XXX	12,045	12,045	13,117	12,045	(1,073)	(1,073)	(1,073)	12,045					35	11/15/2042	1	
31383SSP6	FNMA #511826	...	06/25/2013	PRINCIPAL RECEIPT	XXX	1,823	1,823	1,859	1,830	(7)	(7)	(7)	1,823					43	07/01/2016	1	
31384VV33	FNMA #535334	...	06/25/2013	PRINCIPAL RECEIPT	XXX	7,426	7,426	7,624	7,624	(197)	(197)	(197)	7,426					243	06/01/2030	1	
31385JEL8	FNMA #545639	...	06/25/2013	PRINCIPAL RECEIPT	XXX	10,686	10,686	11,043	10,872	(186)	(186)	(186)	10,686					268	04/01/2032	1	
31385JEM6	FNMA #545640	...	06/25/2013	PRINCIPAL RECEIPT	XXX	17,640	17,640	18,514	18,263	(623)	(623)	(623)	17,640					465	04/01/2032	1	
31386TM51	FNMA #572880	...	06/25/2013	PRINCIPAL RECEIPT	XXX	878	878	878	876	2	2	2	878					19	04/01/2016	1	
31388NGU4	FNMA #609611	...	06/25/2013	PRINCIPAL RECEIPT	XXX	4,104	4,104	4,119	4,099	5	5	5	4,104					85	11/01/2016	1	
31388TFK4	FNMA #614070	...	06/25/2013	PRINCIPAL RECEIPT	XXX	3,931	3,931	3,991	3,943	(12)	(12)	(12)	3,931					103	11/01/2016	1	
31388UF70	FNMA #614990	...	06/25/2013	PRINCIPAL RECEIPT	XXX	3,980	3,980	4,041	3,994	(14)	(14)	(14)	3,980					93	12/01/2016	1	
31391SM64	FNMA #675481	...	06/25/2013	PRINCIPAL RECEIPT	XXX	1,759	1,759	1,817	1,803	(44)	(44)	(44)	1,759					18	02/01/2033	1	
31400WSW1	FNMA #699933	...	06/25/2013	PRINCIPAL RECEIPT	XXX	129,157	129,157	130,086	130,137	(980)	(980)	(980)	129,157					2,606	04/01/2033	1	
31406UK31	FNMA #820314	...	06/25/2013	PRINCIPAL RECEIPT	XXX	9,506	9,506	9,359	9,397	109	109	109	9,506					232	08/01/2035	1	
31411W4N4	FNMA #917129	...	06/25/2013	PRINCIPAL RECEIPT	XXX	37,183	37,183	36,625	36,773	410	410	410	37,183					858	06/01/2037	1	
31414SYU1	FNMA #971523	...	06/25/2013	PRINCIPAL RECEIPT	XXX	21,662	21,662	21,601	21,662	60	60	60	21,662					478	05/01/2038	1	
31371KZA2	FNMA PASS-THRU LNG 30 YEAR	...	06/25/2013	PRINCIPAL RECEIPT	XXX	57,112	57,112	61,511	61,812	(4,701)	(4,701)	(4,701)	57,112					1,220	02/01/2033	1	
3138EY6	FNMA PASS-THRU LNG 30 YEAR	...	06/25/2013	PRINCIPAL RECEIPT	XXX	47,774	47,774	49,976	49,513	(1,739)	(1,739)	(1,739)	47,774					760	02/01/2041	1	
31394AP26	FNMA REMIC TRUST 2004-76	...	06/25/2013	PRINCIPAL RECEIPT	XXX	49,248	49,248	52,388	51,008	(1,760)	(1,760)	(1,760)	49,248					773	10/25/2019	1	
3136A2QP1	FNMA REMIC TRUST 2011-132	...	06/25/2013	PRINCIPAL RECEIPT	XXX	38,224	38,224	41,246	40,185	(1,961)	(1,961)	(1,961)	38,224					671	08/25/2039	1	
3136ADLC1	FNMA REMIC TRUST 2013-29	...	06/25/2013	PRINCIPAL RECEIPT	XXX	64,027	64,027	68,784	67,457	(4,757)	(4,757)	(4,757)	64,027					313	01/25/2043	1	
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					XXX	812,349	812,349	844,891	755,473	(24,173)	(24,173)	(24,173)	813,202					14,333	XXX	XXX	
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
126650BP4	CVS CAREMARK CORPORATION	...	06/10/2013	Sink PMT @ 100.000000	XXX	4,854	4,854	4,951	4,949	(95)	(95)	(95)	4,854					114	12/10/2028	4AM	
46625YDD2	JP MORGAN COMM MTG 2004-CIBC10	...	06/12/2013	PRINCIPAL RECEIPT	XXX	36,723	36,723	35,070	36,473	250	250	250	36,723					556	01/12/2037	1FM	
59022HNC2	ML MTG TRUST 2005-LC1 20440112 FLT	...	06/12/2013	PRINCIPAL RECEIPT	XXX	9,025	9,025	9,817	9,403	(379)	(379)	(379)	9,025					200	01/12/2044	1FM	
61748HAR2	MORGAN STANLEY CAP 2004-5AR	...	06/25/2013	PRINCIPAL RECEIPT	XXX	7,820	7,820	7,854	7,795	28	28	28	7,820					73	07/25/2034	1FM	
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	58,422	58,421	57,692	58,620	(196)	(196)	(196)	58,422					943	XXX	XXX	
8399997 Subtotal - Bonds - Part 4					XXX	980,925	980,925	1,017,620	928,130	(28,253)	(28,253)	(28,253)	981,778					17,451	XXX	XXX	
8399999 Subtotal - Bonds					XXX	980,925	980,925	1,017,620	928,130	(28,253)	(28,25										

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
							During Current Quarter			
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
open depositories										
Wells Fargo - Operating	175 S. Third St, Suite 150, Columbus, OH			0.100	206	51	2,880,988	6,213,014	640,668	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 ..	206	51	2,880,988	6,213,014	640,668	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 ..	206	51	2,880,988	6,213,014	640,668	XXX
0499999 Cash in Company's Office			XXX	XXX ..	XXX ..	XXX ..				XXX
0599999 Total Cash			XXX	XXX ..	206	51	2,880,988	6,213,014	640,668	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
8699999 Total - Cash Equivalents							

N O N E



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)					(116,607)	262,500	1	225,226
15. Indiana (IN)					(253,319)	582,210	3	83,460
16. Iowa (IA)								
17. Kansas (KS)								
18. Kentucky (KY)					370,210	1,250,000	2	375,921
19. Louisiana (LA)								
20. Maine (ME)								
21. Maryland (MD)					(8,711)	2,001,000	2	
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)	0	0	50,000	1	192,291	2,010,000	11	224,692
37. Oklahoma (OK)								
38. Oregon (OR)					(2,410)	1,000,000	1	
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)					(75,327)			
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	0	0	50,000	1	106,128	7,105,710	20	909,300
DETAILS OF WRITE-INS								
5801.								
5802.								
5803.								
5898. Summary of remaining write-ins for Line 58 from overflow page								
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)								



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

Hospitals

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

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)			150,000	1	(1,995,140)	3,550,000	2	1,842,471
15. Indiana (IN)					(65,316)	219,125	2	111,723
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)	0	0	14,535	1	393,512	11,060,502	30	7,174,582
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)					(37,259)	125,000	2	63,733
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	0	0	164,535	2	(299,140)	35,345,543	88	19,589,039
DETAILS OF WRITE-INS								
5801.								
5802.								
5803.								
5898. Summary of remaining write-ins for Line 58 from overflow page								
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)								



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

Other health care professionals, including dentists

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

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)
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
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)

NONE



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

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		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)	(75,860)	60,000	1	119,722
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	(75,860)	60,000	1	119,722
DETAILS OF WRITE-INS								
5801.
5802.
5803.
5898. Summary of remaining write-ins for Line 58 from overflow page
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)

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