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PROPERTY AND CASUALTY COMPANIES —ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2013

OF THE CONDITION AND AFFAIRS OF THE

OHA INSURANCE SOLUTIONS, INC

NAIC Group Code 0000 (Current Period), 0000 (Prior Period) NAIC Company Code 11841 Employer's ID Number 41-2111662

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States

Incorporated/Organized 10/17/2003 Commenced Business 01/01/2004

Statutory Home Office 155 East Broad Street Suite 302 (Street and Number), COLUMBUS, OH, US 43215-3619 (City or Town, State, Country and Zip Code)

Main Administrative Office 155 East Broad Street Suite 302 (Street and Number) COLUMBUS, OH, US 43215-3619 (City or Town, State, Country and Zip Code) 614-255-4840-140 (Area Code) (Telephone Number)

Mail Address 155 East Broad Street Suite 302 (Street and Number or P.O. Box), COLUMBUS, OH, US 43215-3619 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 155 East Broad Street Suite 302 (Street and Number) COLUMBUS, OH, US 43215-3619 (City or Town, State, Country and Zip Code) 614-255-4840-140 (Area Code) (Telephone Number

Internet Web Site Address WWW.OHAINSURANCE.COM

Statutory Statement Contact Ralph Burnheimer (Name) 614-255-4840-140 (Area Code) (Telephone Number) (Extension)

rburnheimer@ohainsurance.com (E-Mail Address) 614-255-4839 (Fax Number)

OFFICERS

Name	Title	Name	Title
Susan J. Stanfield	President & CEO	Dave Langley	VP Claims
Mary Louise Gallagher	Secretary	Ralph E Burnheimer	CFO

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Michael Abrams	James R. Castle	Mary Louise Gallagher	Susan S. Makos
D. Brent Mulgrew	Walter A. Reiling, Jr MD	Robert Krisowaty	Greg Morrison MD
Susan J Stanfield	Cindy Powell		

State of OH
ss
County of Franklin

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.

Susan J. Stanfield President & CEO	Ralph E. Burnheimer CFO	Mary Louise Gallagher Secretary

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

Subscribed and sworn to before me this
day of ,

b. If no,
1. State the amendment number
2. Date filed 11/13/2013
3. Number of pages attached

Richard Sites, Esq

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds	36,248,912		36,248,912	36,300,249
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	1,087,289		1,087,289	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less $ encumbrances)			0	0
4.2 Properties held for the production of income (less $ encumbrances)			0	0
4.3 Properties held for sale (less $ encumbrances)			0	0
5. Cash ($ 4,205,746), cash equivalents ($ 0) and short-term investments ($ 537,516)	4,743,262		4,743,262	6,807,138
6. Contract loans (including $ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	42,079,462	0	42,079,462	43,107,387
13. Title plants less $ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	315,816		315,816	333,592
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	203,047		203,047	155,514
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ earned but unbilled premiums)	1,669,073		1,669,073	1,382,869
15.3 Accrued retrospective premiums			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	270,673		270,673	0
18.2 Net deferred tax asset	755,942	421,310	334,632	334,631
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	10,849	10,849	0	0
21. Furniture and equipment, including health care delivery assets ($)	37,159	37,159	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care ($) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	45,342,022	469,318	44,872,703	45,313,993
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	45,342,022	469,318	44,872,703	45,313,993
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Insurance			0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year $)	10,958,267	9,910,571
2. Reinsurance payable on paid losses and loss adjustment expenses		0
3. Loss adjustment expenses	4,475,912	4,832,846
4. Commissions payable, contingent commissions and other similar charges		12,873
5. Other expenses (excluding taxes, licenses and fees)	90,940	188,228
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		0
7.1 Current federal and foreign income taxes (including $ on realized capital gains (losses))		111,123
7.2 Net deferred tax liability		0
8. Borrowed money $ and interest thereon $		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of $ 1,019,223 and including warranty reserves of $ and accrued accident and health experience rating refunds including $ for medical loss ratio rebate per the Public Health Service Act)	2,451,218	1,824,995
10. Advance premium		199,051
11. Dividends declared and unpaid:		
11.1 Stockholders		0
11.2 Policyholders		0
12. Ceded reinsurance premiums payable (net of ceding commissions)	3,863,302	4,183,114
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others	525,403	495,153
15. Remittances and items not allocated		0
16. Provision for reinsurance (including $ certified)		0
17. Net adjustments in assets and liabilities due to foreign exchange rates		0
18. Drafts outstanding		0
19. Payable to parent, subsidiaries and affiliates		0
20. Derivatives		0
21. Payable for securities		0
22. Payable for securities lending		0
23. Liability for amounts held under uninsured plans		0
24. Capital notes $ and interest thereon $		0
25. Aggregate write-ins for liabilities	163,000	163,000
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	22,528,042	21,920,954
27. Protected cell liabilities		0
28. Total liabilities (Lines 26 and 27)	22,528,042	21,920,954
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	1,000,000	1,000,000
31. Preferred capital stock		0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes		0
34. Gross paid in and contributed surplus	20,190,249	20,181,763
35. Unassigned funds (surplus)	1,154,412	2,211,278
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 $)		0
36.2 shares preferred (value included in Line 31 $)		0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	22,344,661	23,393,041
38. Totals (Page 2, Line 28, Col. 3)	44,872,703	45,313,995
DETAILS OF WRITE-INS		
2501. Premium Deficiency Reserve	163,000	163,000
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	163,000	163,000
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

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 $ 7,109,313)	6,056,156	6,833,683	9,115,710
1.2 Assumed (written $)		0	0
1.3 Ceded (written $ 3,666,323)	3,239,390	3,830,611	4,741,605
1.4 Net (written $ 3,442,990)	2,816,766	3,003,072	4,374,105
DEDUCTIONS:			
2. Losses incurred (current accident year $ 1,932,657):			
2.1 Direct	3,912,435	4,432,841	3,253,103
2.2 Assumed		0	0
2.3 Ceded	1,979,778	2,407,753	1,985,353
2.4 Net	1,932,657	2,025,088	1,267,750
3. Loss adjustment expenses incurred	1,040,661	1,090,433	1,602,165
4. Other underwriting expenses incurred	1,997,323	2,144,504	2,355,192
5. Aggregate write-ins for underwriting deductions	0	0	38,000
6. Total underwriting deductions (Lines 2 through 5)	4,970,641	5,260,025	5,263,107
7. Net income of protected cells		0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(2,153,875)	(2,256,953)	(889,002)
INVESTMENT INCOME			
9. Net investment income earned	708,213	854,702	1,050,664
10. Net realized capital gains (losses) less capital gains tax of $	(13,083)	280,117	769,145
11. Net investment gain (loss) (Lines 9 + 10)	695,130	1,134,819	1,819,808
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered $ amount charged off $)		0	0
13. Finance and service charges not included in premiums		0	0
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(1,458,745)	(1,122,134)	930,806
17. Dividends to policyholders		0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	(1,458,745)	(1,122,134)	930,806
19. Federal and foreign income taxes incurred	(249,400)	0	(94,155)
20. Net income (Line 18 minus Line 19)(to Line 22)	(1,209,345)	(1,122,134)	1,024,961
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	23,393,037	22,470,878	22,470,879
22. Net income (from Line 20)	(1,209,345)	(1,122,134)	1,024,961
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of $	87,289	458,080	(114,123)
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax		0	(124,479)
27. Change in nonadmitted assets	65,190	78,350	109,840
28. Change in provision for reinsurance		0	0
29. Change in surplus notes		0	0
30. Surplus (contributed to) withdrawn from protected cells		0	0
31. Cumulative effect of changes in accounting principles		0	0
32. Capital changes:			
32.1 Paid in		0	0
32.2 Transferred from surplus (Stock Dividend)		0	0
32.3 Transferred to surplus		0	0
33. Surplus adjustments:			
33.1 Paid in	8,486	14,820	25,960
33.2 Transferred to capital (Stock Dividend)		0	0
33.3 Transferred from capital		0	0
34. Net remittances from or (to) Home Office		0	0
35. Dividends to stockholders		0	0
36. Change in treasury stock		0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	(1,048,380)	(570,884)	922,158
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	22,344,657	21,899,994	23,393,037
DETAILS OF WRITE-INS			
0501. Premium Deficiency reserve		0	38,000
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	38,000
1401. Claim and RM Service Income		0	0
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
3701. Misc Adj		0	0
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

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	2,590,389	4,003,149	4,793,344
2. Net investment income	969,054	1,129,578	1,386,526
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	3,559,444	5,132,727	6,179,870
5. Benefit and loss related payments	884,961	3,341,182	2,831,164
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	3,505,079	3,528,046	3,883,589
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of $ ...... tax on capital gains (losses)	132,396	0	43,132
10. Total (Lines 5 through 9)	4,522,436	6,869,228	6,757,885
11. Net cash from operations (Line 4 minus Line 10)	(962,992)	(1,736,501)	(578,015)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	5,857,292	8,432,130	12,851,480
12.2 Stocks	0	0	3,600,499
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	5,857,292	8,432,130	16,451,979
13. Cost of investments acquired (long-term only):			
13.1 Bonds	6,062,103	8,355,403	13,175,812
13.2 Stocks	1,000,000	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	1
13.7 Total investments acquired (Lines 13.1 to 13.6)	7,062,103	8,355,403	13,175,813
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,204,811)	76,727	3,276,166
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	8,486	14,820	25,960
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	95,440	109,100	229,112
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	103,926	123,920	255,072
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)	(2,063,877)	(1,535,855)	2,953,223
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	6,807,138	3,853,915	3,853,915
19.2 End of period (Line 18 plus Line 19.1)	4,743,261	2,318,060	6,807,138

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

No significant change

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

No significant change.

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

7. Investment Income

No significant change

8. Derivative Instruments

None

9 Income Taxes

No significant change.

10. Information Concerning Parent, Subsidiaries and Affiliates

No significant change

11. Debt

None

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

No significant change

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No significant change

14. Contingencies

A. Contingent Commitments

The Company has no commitments or contingent commitments to affiliates or other entities.

B. Assessments

The Company has not received any notice of an assessment due to the insolvency of an insurance company.

C. Gain Contingencies

None

NOTES TO FINANCIAL STATEMENTS

D. All other Contingencies

Various lawsuits against the Company may arise in the course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no asset that it considers to be impaired.

15. Leases

No significant change

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

None

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

None. There were no wash sales.

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

None

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

None

20. Fair Value measurements

A. Inputs Used for Assets and Liabilities Measured at Fair Value

1. Fair Value Measurements by Levels 1, 2 and 3

The Company has categorized its assets and liabilities that are measured 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 preferred and common stocks. It also includes derivative liabilities for written call options on common stock which are also exchange traded. The estimated fair value of the equity securities and derivatives within this category are based on quoted prices in active markets and are thus classified as Level 1.

Level 2 – Significant Other Observable Inputs: This category for items measured at fair value on a recurring basis includes bonds, preferred stocks and common stocks which are not exchange-traded. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded.

Level 3 – Significant Unobservable Inputs: The Company ha no assets or liabilities measured at fair value in this category.

1 **Description**	2 **Level 1**	3 **Level 2**	4 **Level 3**	5 **Total**
Assets at fair value				
Common Stocks				
Mutual Funds	$1,087,289	-	-	$1,087,289
Total assets at fair value	$1,087,289	-	-	$1,087,289
Total liabilities at fair value	0			0

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1 and 2. This policy also applies to transfers into or out of Level 3 as stated in paragraph 3 below.

2. Roll forward of Level 3 Items

NOTES TO FINANCIAL STATEMENTS

The Company has no assets or liabilities measured at fair value in the Level 3 category.

3. Policy on Transfers Into and Out of Level 3

   At the end of each reporting period, the Company evaluates whether or not 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 Level 3 Fair Values

   The Company has no assets or liabilities measured at fair value in the Level 2 or Level 3 category.

5. Derivative Fair Values

   Not applicable.

B. This Disclosure Removed by NAIC December, 2010

C. Other fair Value Disclosures

   Not applicable

D. Reasons Not Practical to Estimate Fair Value

   Not applicable

21. Other Items

None

22. Event Subsequent

Subsequent events have been considered thru November 11, 2013, the date of issuance of these financial statements. The Company has entered into a merger agreement to be acquired by another company. Agreement is subject to approval by the Ohio Department of Insurance. Closing is expected on January 1, 2014.

23. Reinsurance

No significant change

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

None

25. Changes in Incurred Losses and Loss Adjustment Expenses

No significant change

26. Intercompany Pooling Agreements

None

27. Structured Settlements

None

28. Health Care Receivables

None

29. Participating Accident and Health Policies

None

30. Premium Deficiency Reserves

None

NOTES TO FINANCIAL STATEMENTS

31. High Deductibles

None

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

None

33. Asbestos/Environmental Reserves

None

34. Subscriber Savings Accounts

None

35. Multiple Peril Crop Insurance

None

36. Financial Guaranty Insurance

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

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

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

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] NA [ ]

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). 08/07/2009

6.4 By what department or departments?

Ohio

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 [ ] NA [X]

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

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

GENERAL INTERROGATORIES

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: $

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:

		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	Mortgage Loans on Real Estate	$	$
14.26	All Other	$	$
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	$ 0	$ 0
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? Yes [ ] No [ ]
If no, attach a description with this statement.

GENERAL INTERROGATORIES

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
Fifth Third Bank	Cincinnati, OH

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, broker/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
107680	Prime Advisors	22635 NE Marketplace Dr, Redmond, WA 98053

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

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

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 [ ] NA [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:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1 Line of Business	2 Maximum Interest	3 Discount Rate	4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 TOTAL
TOTAL			0	0	0	0	0	0	0	0

5. Operating Percentages:

   5.1 A&H loss percent %

   5.2 A&H cost containment percent %

   5.3 A&H expense percent excluding cost containment expenses %

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. $

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. $

Schedule F

NONE

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
States, etc.	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama AL			0		0		0
2. Alaska AK			0		0		0
3. Arizona AZ			0		0		0
4. Arkansas AR			0		0		0
5. California CA			0		0		0
6. Colorado CO			0		0		0
7. Connecticut CT			0		0		0
8. Delaware DE			0		0		0
9. Dist. Columbia DC			0		0		0
10. Florida FL			0		0		0
11. Georgia GA			0		0		0
12. Hawaii HI			0		0		0
13. Idaho ID			0		0		0
14. Illinois IL			0		0		0
15. Indiana IN			0		0		0
16. Iowa IA			0		0		0
17. Kansas KS			0		0		0
18. Kentucky KY			0		0		0
19. Louisiana LA			0		0		0
20. Maine ME			0		0		0
21. Maryland MD			0		0		0
22. Massachusetts MA			0		0		0
23. Michigan MI			0		0		0
24. Minnesota MN			0		0		0
25. Mississippi MS			0		0		0
26. Missouri MO			0		0		0
27. Montana MT			0		0		0
28. Nebraska NE			0		0		0
29. Nevada NV			0		0		0
30. New Hampshire NH			0		0		0
31. New Jersey NJ			0		0		0
32. New Mexico NM			0		0		0
33. New York NY			0		0		0
34. No. Carolina NC			0		0		0
35. No. Dakota ND			0		0		0
36. Ohio OH	L	7,109,313	7,653,686	2,029,333	5,058,164	9,285,010	11,066,137
37. Oklahoma OK			0		0		0
38. Oregon OR			0		0		0
39. Pennsylvania PA			0		0		0
40. Rhode Island RI			0		0		0
41. So. Carolina SC			0		0		0
42. So. Dakota SD			0		0		0
43. Tennessee TN			0		0		0
44. Texas TX			0		0		0
45. Utah UT			0		0		0
46. Vermont VT			0		0		0
47. Virginia VA			0		0		0
48. Washington WA			0		0		0
49. West Virginia WV			0		0		0
50. Wisconsin WI			0		0		0
51. Wyoming WY			0		0		0
52. American Samoa AS			0		0		0
53. Guam GU			0		0		0
54. Puerto Rico PR			0		0		0
55. U.S. Virgin Islands VI			0		0		0
56. Northern Mariana Islands MP			0		0		0
57. Canada CAN			0		0		0
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59. Totals	(a) 1	7,109,313	7,653,686	2,029,333	5,058,164	9,285,010	11,066,137
DETAILS OF WRITE-INS							
58001.	XXX		0		0		0
58002.	XXX		0		0		0
58003.	XXX		0		0		0
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0

(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 - Part 1

NONE

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

1 Group Code	2 Group Name	3 NAIC Company 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 Domiciliary Location	10 Relationship to Reporting 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 *

NONE

NONE

PART 1 - LOSS EXPERIENCE

	Line of Business	Current Year to Date 1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	4 Prior Year to Date Direct Loss Percentage
1.	Fire			0.0	0.0
2.	Allied lines			0.0	0.0
3.	Farmowners multiple peril			0.0	0.0
4.	Homeowners multiple peril			0.0	0.0
5.	Commercial multiple peril			0.0	0.0
6.	Mortgage guaranty			0.0	0.0
8.	Ocean marine			0.0	0.0
9.	Inland marine			0.0	0.0
10.	Financial guaranty			0.0	0.0
11.1	Medical professional liability - occurrence	185,605	115,287	62.1	97.2
11.2	Medical professional liability – claims made	3,758,772	2,334,734	62.1	58.2
12.	Earthquake			0.0	0.0
13.	Group accident and health			0.0	0.0
14.	Credit accident and health			0.0	0.0
15.	Other accident and health			0.0	0.0
16.	Workers' compensation			0.0	0.0
17.1	Other liability occurrence			0.0	0.0
17.2	Other liability – claims made	2,111,779	1,462,414	69.3	70.2
17.3	Excess Workers' Compensation			0.0	0.0
18.1	Products liability - occurrence			0.0	0.0
18.2	Products liability – claims made			0.0	0.0
19.1,19.2	Private passenger auto liability			0.0	0.0
19.3,19.4	Commercial auto liability			0.0	0.0
21.	Auto physical damage			0.0	0.0
22.	Aircraft (all perils)			0.0	0.0
23.	Fidelity			0.0	0.0
24.	Surety			0.0	0.0
26.	Burglary and theft			0.0	0.0
27.	Boiler and machinery			0.0	0.0
28.	Credit			0.0	0.0
29.	International			0.0	0.0
30.	Warranty			0.0	0.0
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	0	0	0.0	0.0
35.	TOTALS	6,056,156	3,912,435	64.6	64.9
	DETAILS OF WRITE-INS				
3401.					
3402.					
3403.					
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

	Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	0		0
2.	Allied lines	0		0
3.	Farmowners multiple peril	0		0
4.	Homeowners multiple peril	0		0
5.	Commercial multiple peril	0		0
6.	Mortgage guaranty	0		0
8.	Ocean marine	0		0
9.	Inland marine	0		0
10.	Financial guaranty	0		0
11.1	Medical professional liability - occurrence	74,238	185,605	320,629
11.2	Medical professional liability – claims made	582,471	4,413,927	4,405,151
12.	Earthquake	0		0
13.	Group accident and health	0		0
14.	Credit accident and health	0		0
15.	Other accident and health	0		0
16.	Workers' compensation	0		0
17.1	Other liability-occurrence	0		16,932
17.2	Other liability – claims made	135,174	2,509,781	2,910,974
17.3	Excess Workers' Compensation	0		0
18.1	Products liability - occurrence	0		0
18.2	Products liability – claims made	0		0
19.1,19.2	Private passenger auto liability	0		0
19.3,19.4	Commercial auto liability	0		0
21.	Auto physical damage	0		0
22.	Aircraft (all perils)	0		0
23.	Fidelity	0		0
24.	Surety	0		0
26.	Burglary and theft	0		0
27.	Boiler and machinery	0		0
28.	Credit	0		0
29.	International	0		0
30.	Warranty	0		0
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	0	0	0
35.	TOTALS	791,883	7,109,313	7,653,686
	DETAILS OF WRITE-INS			
3401.				
3402.				
3403.				
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2013 Loss and LAE Payments on Claims Reported as of Prior Year-End	2013 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2013 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2010 + Prior	5,381	1,843	7,224	1,035		1,035	3,241		2,948	6,189	(1,105)	1,105	0
2. 2011	1,984	1,681	3,665	1,089		1,089	1,273		1,303	2,576	378	(378)	0
3. Subtotals 2011 + prior	7,366	3,524	10,889	2,124	0	2,124	4,514	0	4,251	8,765	(727)	727	0
4. 2012	624	3,230	3,854	146		146	1,281		2,427	3,708	803	(803)	0
5. Subtotals 2012 + prior	7,990	6,754	14,743	2,270	0	2,270	5,795	0	6,678	12,473	75	(75)	0
6. 2013	XXX	XXX	XXX	XXX	12	12	XXX	514	2,447	2,961	XXX	XXX	XXX
7. Totals	7,990	6,754	14,743	2,270	12	2,283	5,795	514	9,125	15,434	75	(75)	0
8. Prior Year-End Surplus As Regards Policy-holders	23,393										Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1. 0.9	2. (1.1)	3. 0.0
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. 0.0

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 on "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.

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

Explanation:

1.

3.

4.

Bar Code:

3. 1 1 8 4 1 2 0 1 3 3 6 5 0 0 0 0 3

4. 1 1 8 4 1 2 0 1 3 5 0 5 0 0 0 0 3

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other than temporary impairment recognized		0
8. Deduct current year's depreciation		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and mortgage interest points and commitment fees		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other than temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance		0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

NONE

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other than temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

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	36,300,249	38,808,309
2. Cost of bonds and stocks acquired	7,062,103	13,175,812
3. Accrual of discount	7,242	11,203
4. Unrealized valuation increase (decrease)	87,289	(114,123)
5. Total gain (loss) on disposals	(13,083)	1,183,300
6. Deduct consideration for bonds and stocks disposed of	5,857,292	16,451,979
7. Deduct amortization of premium	250,307	312,273
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	37,336,201	36,300,249
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	37,336,201	36,300,249

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)	34,933,867	3,267,790	4,851,680	(271,597)	34,935,427	34,933,867	33,078,380	33,992,010
2. Class 2 (a)	3,562,272	449,514	499,898	196,160	3,575,654	3,562,272	3,708,048	3,831,879
3. Class 3 (a)	0	0	0	0	0	0	0	0
4. Class 4 (a)	0	0	0	0	0	0	0	0
5. Class 5 (a)	0	0	0	0	0	0	0	0
6. Class 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	38,496,139	3,717,304	5,351,578	(75,437)	38,511,081	38,496,139	36,786,428	37,823,889
PREFERRED STOCK								
8. Class 1	0	0	0	0	0	0	0	0
9. Class 2	0	0	0	0	0	0	0	0
10. Class 3	0	0	0	0	0	0	0	0
11. Class 4	0	0	0	0	0	0	0	0
12. Class 5	0	0	0	0	0	0	0	0
13. Class 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	38,496,139	3,717,304	5,351,578	(75,437)	38,511,081	38,496,139	36,786,428	37,823,889

(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	537,516	XXX	537,516	98	0

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	1,523,640	434,307
2. Cost of short-term investments acquired	7,059,689	10,609,403
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	8,045,813	9,520,070
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	537,516	1,523,640
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	537,516	1,523,640

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B- Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

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)
130534-B3-3	CALIFORNIA POLLUTN CTL FING AUTH		09/11/2013	MCTR		201,676	200,000	2,771	2FE
93978E-7J-5	WA ST HLTH CR FACS		09/16/2013	KEY MCDONNALD		271,825	250,000	2,370	1FE
3199999 - Total - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of...						473,501	450,000	5,141	XXX
345397-WJ-8	FORD MOTOR CREDIT CO		09/10/2013	GOLDMAN SACHS		247,838	250,000	1,464	2FE
40428H-PH-9	HSBC USA INC		08/30/2013	SMRD		242,750	250,000	553	1FE
961214-BZ-5	WESTPAC BANKING CORP	R	08/30/2013	MIZUHO		245,143	250,000	589	1FE
3899999 - Total - Bonds - Industrial, Misc.						735,730	750,000	2,606	XXX
8399997 - Total - Bonds - Part 3						1,209,231	1,200,000	7,746	XXX
8399999 - Total - Bonds						1,209,231	1,200,000	7,746	XXX
8999999 - Total - Preferred Stocks						0	XXX	0	XXX
9799999 - Total - Common Stocks						0	XXX	0	XXX
9899999 - Total - Preferred and Common Stocks						0	XXX	0	XXX
9999999 Totals						1,209,231	XXX	7,746	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 Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value 11	12	13	14	15	16	17	18	19	20	21	22
CUSIP Identi-fication	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Desig-nation or Market Indicator (a)
38374G-JH-6	GNMA 2004-27 VD		09/01/2013	MBS PMT		53,839	53,839	57,339	55,050	0	(1,211)	0	(1,211)	0	53,839	0	0	0	1,778	07/16/2023	1
38376P-R5-1	GNMA 2009-116 KC		09/01/2013	MBS PMT		28,865	28,865	30,019	29,273	0	(408)	0	(408)	0	28,865	0	0	0	574	08/20/2037	1
38377L-QV-3	GNMA 2010-12 KH		09/01/2013	MBS PMT		16,077	16,077	16,756	16,123	0	(46)	0	(46)	0	16,077	0	0	0	268	12/20/2037	1
38378B-2T-5	GNMA 2012-150 A		09/01/2013	MBS PMT		2,297	2,297	2,334	0	0	(3)	0	(3)	0	2,297	0	0	0	25	11/16/2052	1
38378B-5S-4	GNMA 2013-15 AC		09/01/2013	MBS PMT		2,321	2,321	2,332	0	0	0	0	0	0	2,321	0	0	0	21	08/16/2051	1
38378B-X2-0	GNMA 2012-132 AB		09/01/2013	MBS PMT		3,479	3,479	3,507	1,081	0	(3)	0	(3)	0	3,479	0	0	0	26	06/16/2051	1
38378K-DB-2	GNMA 2013-43 B		09/01/2013	MBS PMT		4,617	4,617	4,692	0	0	(6)	0	(6)	0	4,617	0	0	0	38	04/16/2039	1
0599999 - Bonds - U.S. Governments						111,494	111,494	116,979	101,527	0	(1,677)	0	(1,677)	0	111,494	0	0	0	2,730	XXX	XXX
612574-BW-2	MONTEREY PENINSULA CA CMNTY COLL		08/01/2013	MATURITY		500,000	500,000	500,000	500,000	0	0	0	0	0	500,000	0	0	0	22,350	08/01/2013	1FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						500,000	500,000	500,000	500,000	0	0	0	0	0	500,000	0	0	0	22,350	XXX	XXX
3128K4-QX-6	FHLMC A44070		09/01/2013	MBS PMT		13,440	13,440	12,533	13,199	0	241	0	241	0	13,440	0	0	0	447	04/01/2036	1
3128KK-GC-7	FHLMC A56495		09/01/2013	MBS PMT		7,007	7,007	6,899	6,975	0	32	0	32	0	7,007	0	0	0	255	01/01/2037	1
3128M7-NY-8	FHLMC G05507		09/01/2013	MBS PMT		23,523	23,523	24,909	24,079	0	(556)	0	(556)	0	23,523	0	0	0	781	02/01/2039	1
3128MC-YR-0	FHLMC G14120		09/01/2013	MBS PMT		23,301	23,301	24,243	23,484	0	(183)	0	(183)	0	23,301	0	0	0	614	04/01/2026	1
3128MJ-D4-9	FHLMC G08122		09/01/2013	MBS PMT		6,860	6,860	6,701	6,810	0	51	0	51	0	6,860	0	0	0	241	04/01/2036	1
3128MJ-Q7-8	FHLMC G08477		09/01/2013	MBS PMT		12,627	12,627	12,962	12,672	0	(45)	0	(45)	0	12,627	0	0	0	285	02/01/2042	1
3128PT-7B-5	FHLMC J14490		09/01/2013	MBS PMT		21,143	21,143	21,741	21,246	0	(103)	0	(103)	0	21,143	0	0	0	481	02/01/2026	1
3134G3-XP-0	FHLMC		07/03/2013	CALL at 100.000		500,000	500,000	508,895	504,793	0	(4,793)	0	(4,793)	0	500,000	0	0	0	11,250	07/03/2017	1
31368H-NM-1	FNMA #190396		09/01/2013	MBS PMT		14,854	14,854	15,406	15,063	0	(209)	0	(209)	0	14,854	0	0	0	434	06/01/2039	1
3138A2-BQ-1	FNMA #AH0946		09/01/2013	MBS PMT		42,973	42,973	43,084	42,979	0	(6)	0	(6)	0	42,973	0	0	0	1,118	12/01/2040	1
31393R-KV-1	FHLMC 2629 BN		09/01/2013	MBS PMT		16,061	16,061	16,679	16,243	0	(181)	0	(181)	0	16,061	0	0	0	376	03/15/2018	1
31397N-2X-2	FNMA 2009-44 AC		09/01/2013	MBS PMT		10,115	10,115	10,413	10,211	0	(96)	0	(96)	0	10,115	0	0	0	273	12/25/2023	1
31398W-5T-7	FHLMC 3626 ED		09/01/2013	MBS PMT		47,400	47,400	48,881	48,201	0	(801)	0	(801)	0	47,400	0	0	0	1,007	06/15/2037	1
31398W-LZ-5	FHLMC 3636 EB		09/01/2013	MBS PMT		14,957	14,957	15,228	15,030	0	(73)	0	(73)	0	14,957	0	0	0	198	11/15/2018	1
31407H-ZH-2	FNMA #831544		09/01/2013	MBS PMT		17,879	17,879	17,750	17,841	0	38	0	38	0	17,879	0	0	0	712	06/01/2036	1
31409X-HP-7	FNMA #881438		09/01/2013	MBS PMT		3,263	3,263	3,286	3,268	0	(5)	0	(5)	0	3,263	0	0	0	148	07/01/2036	1
31413Y-N7-2	FNMA #959514		09/01/2013	MBS PMT		16,001	16,001	16,161	16,038	0	(36)	0	(36)	0	16,001	0	0	0	577	12/01/2037	1
31416B-TA-6	FNMA #995245		09/01/2013	MBS PMT		30,790	30,790	33,311	31,923	0	(1,133)	0	(1,133)	0	30,790	0	0	0	1,013	01/01/2039	1
31416C-CH-7	FNMA #995672		09/01/2013	MBS PMT		18,938	18,938	19,592	19,220	0	(281)	0	(281)	0	18,938	0	0	0	557	04/01/2039	1
31417Y-EZ-6	FNMA #MA0151		09/01/2013	MBS PMT		21,150	21,150	21,973	21,340	0	(190)	0	(190)	0	21,150	0	0	0	620	08/01/2019	1
31418A-EH-7	FNMA #MA1035		09/01/2013	MBS PMT		10,083	10,083	10,454	10,145	0	(62)	0	(62)	0	10,083	0	0	0	196	04/01/2027	1
31418N-XX-3	FNMA #AD1593		09/01/2013	MBS PMT		16,681	16,681	17,302	16,840	0	(159)	0	(159)	0	16,681	0	0	0	489	02/01/2040	1
658207-NZ-4	NORTH CAROLINA HSG FIN AGY		09/01/2013	CALL at 100.000		10,000	10,000	10,000	10,000	0	0	0	0	0	10,000	0	0	0	387	01/01/2026	1FE
3199999 - Total - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of...						899,048	899,048	918,401	907,599	0	(8,552)	0	(8,552)	0	899,048	0	0	0	22,459	XXX	XXX
225458-DM-7	CSFB 2005-C1 A4		09/01/2013	MBS PMT		6,258	6,258	6,770	6,379	0	(121)	0	(121)	0	6,258	0	0	0	198	02/15/2038	1FM
494368-AX-1	KIMBERLY-CLARK CORP		08/15/2013	MATURITY		250,000	250,000	261,538	251,844	0	(1,844)	0	(1,844)	0	250,000	0	0	0	12,500	08/15/2013	1FE
501044-CM-1	KROGER CO		09/10/2013	JP MORGAN		263,585	250,000	249,723	249,865	0	33	0	33	0	249,898	0	13,687	13,687	9,263	10/01/2015	2FE
914744-AA-5	UNIVERSITY OF NOTRE DAME		09/01/2013	MATURITY		250,000	250,000	250,000	250,000	0	0	0	0	0	250,000	0	0	0	10,353	09/01/2013	1FE
931422-AD-1	WALGREEN CO		08/01/2013	MATURITY		250,000	250,000	261,375	251,569	0	(1,569)	0	(1,569)	0	250,000	0	0	0	12,188	08/01/2013	2FE
3899999 - Bonds - Industrial and Miscellaneous						1,019,843	1,006,258	1,029,405	1,009,656	0	(3,500)	0	(3,500)	0	1,006,156	0	13,687	13,687	44,500	XXX	XXX
8399997 - Bonds - Part 4						2,530,385	2,516,800	2,564,785	2,518,782	0	(13,729)	0	(13,729)	0	2,516,697	0	13,687	13,687	92,039	XXX	XXX
8399999 - Total - Bonds						2,530,385	2,516,800	2,564,785	2,518,782	0	(13,729)	0	(13,729)	0	2,516,697	0	13,687	13,687	92,039	XXX	XXX
8999999 - Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799999 - Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999 - Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999 Totals						2,530,385	XXX	2,564,785	2,518,782	0	(13,729)	0	(13,729)	0	2,516,697	0	13,687	13,687	92,039	XXX	XXX

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

Schedule DB - Part A - Section 1

NONE

Sch. DB - Pt. A - Sn. 1 - Footnotes

NONE

Schedule DB - Part B - Section 1

NONE

Sch. DB - Pt. B - Sn. 1 - Footnotes

NONE

Schedule DB - Part D Section 1

NONE

Schedule DB - Part D Section 2

NONE

Schedule DB - Part D Section 2 [Cont.]

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
						6	7	8	
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	*
Fifth Third Bank - Operating	Columbus, OH					2,071,474	3,249,972	3,680,342	XXX
Fifth Third Bank - Custodial	Columbus, OH					1	1	1	XXX
Wells Fargo	Charlotte, NC					516,153	516,153	525,403	XXX
0199998 Deposits in ... 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			2,587,628	3,766,126	4,205,746	XXX
0399999 Total Cash on Deposit		XXX	XXX			2,587,628	3,766,126	4,205,746	XXX
0499999 Cash in Company's Office		XXX	XXX	XXX	XXX				XXX
0599999 Total		XXX	XXX			2,587,628	3,766,126	4,205,746	XXX

Schedule E - Part 2 - Cash Equivalents

NONE

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

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 3 Amount	Direct Losses Paid 4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	Direct Losses Unpaid 7 Number of Claims	8 Direct Losses Incurred But Not Reported
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH	2,177,684	1,839,317	1,476,000	3	1,463,872	1,160,000	10	3,723,421
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	0	0	0	0	0	0	0	0
59. Totals	2,177,684	1,839,317	1,476,000	3	1,463,872	1,160,000	10	3,723,421
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0

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 3 Amount	Direct Losses Paid 4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	Direct Losses Unpaid 7 Number of Claims	8 Direct Losses Incurred But Not Reported
1. Alabama	AL								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY								
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD								
22. Massachusetts	MA								
23. Michigan	MI								
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	MO								
27. Montana	MT								
28. Nebraska	NE								
29. Nevada	NV								
30. New Hampshire	NH								
31. New Jersey	NJ								
32. New Mexico	NM								
33. New York	NY								
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	OH	4,931,629	4,216,839	553,333	3	4,555,259	7,975,010	37	5,178,704
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	0	0	0	0	0	0	0	0
59. Totals		4,931,629	4,216,839	553,333	3	4,555,259	7,975,010	37	5,178,704
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0

Designate the type of health care providers reported on this page
Other Health Care Professionals

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 3 Amount	Direct Losses Paid 4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	Direct Losses Unpaid 7 Number of Claims	8 Direct Losses Incurred But Not Reported
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA		NONE						
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	0	0	0	0	0	0	0	0
59. Totals	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0

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 3 Amount	4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	7 Number of Claims	8 Direct Losses Incurred But Not Reported
1. Alabama	AL								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY								
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD								
22. Massachusetts	MA		NONE						
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	0	0	0	0	0	0	0	0
59. Totals		0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0