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QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2013
OF THE CONDITION AND AFFAIRS OF THE
OHIC Insurance Company

NAIC Group Code 0831 (current period), 0831 (prior period) NAIC Company Code 35602 Employer's ID Number 31-0926059

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

Country of Domicile UNITED STATES OF AMERICA

Incorporated/Organized 02/09/1978 Commenced Business 03/01/1978

Statutory Home Office 155 E BROAD STREET, 10TH FLOOR (Street and Number), COLUMBUS, OH, 43215-3614 (City or Town, State, Country and Zip Code)

Main Administrative Office 185 GREENWOOD ROAD (Street and Number)

NAPA, CA, 94558 (City or Town, State, Country and Zip Code) (707)226-0100 (Area Code)(Telephone Number)

Mail Address PO BOX 2900 (Street and Number), NAPA, CA, 94558 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 185 GREENWOOD ROAD (Street and Number)

NAPA, CA, 94558 (City or Town, State, Country and Zip Code) (707)226-0100 (Area Code)(Telephone Number)

Internet Website Address www.thedoctors.com

Statutory Statement Contact DOUGLAS CHARLES WILL (Name) (707)226-0100 (Area Code)(Telephone Number)

statefilingOHIC@thedoctors.com (E-Mail Address) (707)226-0180 (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 PRESDIENT
MICHAEL YACOB, SENIOR VICE PRESIDENT

DIRECTORS OR TRUSTEES

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

State of California

County of NAPA ss

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

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

Subscribed and sworn to before me this 14th day of November 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.

(Notary Public Signature)

JANET G. RAMOS
Commission # 2001448
Notary Public - California
Napa County
My Comm. Expires Jan 15, 2017

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

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	98,699,586		98,699,586	79,681,033
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks	2,925,863		2,925,863	
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 $.....0 encumbrances)				
5.	Cash ($.....(54,922)), cash equivalents ($.....0) and short-term investments ($.....25,001)	(29,921)		(29,921)	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)	101,595,528		101,595,528	87,291,645
13.	Title plants less $.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	993,363		993,363	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 $.....0 earned but unbilled premiums)				
	15.3 Accrued retrospective premiums				
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	440,510		440,510	696,281
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts	2,196,970		2,196,970	2,196,970
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				11,969,173
18.2	Net deferred tax asset	1,021,925	860,480	161,445	525,000
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets ($.....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	700		700	841
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	106,248,995	860,480	105,388,515	103,520,014
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	106,248,995	860,480	105,388,515	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	700		700	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)	700		700	841

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31, Prior Year
1.	Losses (current accident year $.....0)	38,366,721	36,418,554
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses	17,893,062	20,859,710
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)	187,312	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))	134,538	
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	1,117	892
15.	Remittances and items not allocated	12,083	
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	288,512	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)	57,358,624	77,332,339
27.	Protected cell liabilities		
28.	TOTAL liabilities (Lines 26 and 27)	57,358,624	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)	(33,562,099)	(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)	48,029,891	26,187,676
38.	TOTALS (Page 2, Line 28, Col. 3)	105,388,515	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)		1,099,579	1,099,402
	1.2 Assumed (written $.....0)			
	1.3 Ceded (written $.....0)		987,691	(1,596,136)
	1.4 Net (written $.....0)		111,888	2,695,538
DEDUCTIONS:				
2.	Losses incurred (current accident year $.....0)			
	2.1 Direct	(337,900)	5,564,091	15,842,061
	2.2 Assumed			
	2.3 Ceded	364,914	731,902	(1,085,173)
	2.4 Net	(702,814)	4,832,189	16,927,233
3.	Loss adjustment expenses incurred	(120,345)	4,245,189	18,071,420
4.	Other underwriting expenses incurred	1,312,795	904,353	1,216,497
5.	Aggregate write-ins for underwriting deductions			
6.	TOTAL underwriting deductions (Lines 2 through 5)	489,636	9,981,731	36,215,151
7.	Net income of protected cells			
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(489,636)	(9,869,843)	(33,519,613)
	INVESTMENT INCOME			
9.	Net investment income earned	2,373,068	2,650,809	3,375,402
10.	Net realized capital gains (losses) less capital gains tax of $.....87,354	162,229	1,158,850	1,309,790
11.	Net investment gain (loss) (Lines 9 + 10)	2,535,296	3,809,660	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	20	(949,229)	(1,210,912)
15.	TOTAL other income (Lines 12 through 14)	20	(949,229)	(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)	2,045,680	(7,009,413)	(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)	2,045,680	(7,009,413)	(30,045,333)
19.	Federal and foreign income taxes incurred	(160,090)	(4,296,422)	(12,756,470)
20.	Net income (Line 18 minus Line 19) (to Line 22)	2,205,770	(2,712,991)	(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)	2,205,770	(2,712,991)	(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	(497,351)	(1,095,113)	(1,332,099)
27.	Change in nonadmitted assets	133,796	(135,522)	(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	20,000,000		
	32.2 Transferred from surplus (Stock Dividend)			
	32.3 Transferred to surplus			
33.	Surplus adjustments:			
	33.1 Paid in		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)	21,842,216	(2,997,460)	(18,592,475)
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	48,029,891	41,782,691	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		(949,229)	(1,210,912)
1402.	Misc. Income	20		
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	20	(949,229)	(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	0	(1,357,517)	(1,184,880)
2.	Net investment income	2,546,861	3,336,551	4,306,378
3.	Miscellaneous income	20	(949,229)	(1,210,912)
4.	TOTAL (Lines 1 to 3)	2,546,880	1,029,805	1,910,586
5.	Benefit and loss related payments	(2,906,752)	322,035	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	4,229,930	3,566,827	4,978,567
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of $.....87,354 tax on capital gains (losses)	(12,176,447)	567,621	567,621
10.	TOTAL (Lines 5 through 9)	(10,853,270)	4,456,483	7,359,830
11.	Net cash from operations (Line 4 minus Line 10)	13,400,150	(3,426,679)	(5,449,243)
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	22,892,697	41,560,963	50,868,737
	12.2 Stocks	2,946,976		
	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)	28,039,673	42,026,827	50,868,737
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	41,991,261	27,312,439	28,578,336
	13.2 Stocks	5,872,839		
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications	0		1,734,136
	13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	47,864,100	27,312,439	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)	(19,824,427)	14,714,388	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)	(19,016,256)	(14,112,124)	(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)	983,744	(14,112,124)	(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)	(5,440,532)	(2,824,415)	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)	(29,921)	1,518,665	5,410,612

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

20.0001				

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	
		Sep. 30, 2013	Dec. 31, 2012
Net Income – State Basis (Page 4, Line 20, Columns 1 &3)	OH	$ 2,205,770	$(17,288,863)
Net Income – NAIC SAP	OH	$ 2,205,770	$(17,288,863)
Surplus – State Basis (Page 3, Line 37, Columns 1& 2)	OH	$ 48,029,891	$ 26,187,676
Surplus – NAIC SAP	OH	$ 48,029,891	$ 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 $ 141,372
2. 12 Months or Longer $ 36,712

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

1. Less than 12 Months $ 9,601,156
2. 12 Months or Longer $ 902,174

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 ½% of Admitted Assets:

None

C. Change in Terms of Intercompany Arrangements:

None

D. Amounts Due to or from Related Parties**:**

	09/30/2013	12/31/2012
SCPIE	$ -	$ (930)
TDC	(56,377)	(14,927)
TDCIS	-	2,542
TDMC	(232,135)	(209,549)
Total Due (To)/From	$ (288,512)	$ (222,864)

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

Type of Financial Instrument	Level 1	Level 2	Level 3	Total
a. assets at fair value				
Common Stock	2,925,863	-	-	2,925,863

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	101,132,815	98,699,587	-	101,132,815	-	-
Common Stock	2,925,863	2,925,863	2,925,863	-	-	-
Cash, cash equivalents and short-term investments	(29,921)	(29,921)	(29,921)	-	-	-

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. The HCF was not enforced when 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 $823,161 from $769,513,648 as of December 31, 2012 to $768,690,487 as of September 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

Notes to Financial Statement

35. Multiple Peril Crop Insurance

None

36. Financial Guarantee Insurance

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]

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

3.1 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? Yes[ ] No[ ] N/A[X]
If no, attach a description with this statement.

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:

			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
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

	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
States, Etc.	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama (AL)	N						
2. Alaska (AK)	L						
3. Arizona (AZ)	L						
4. Arkansas (AR)	L						
5. California (CA)	N						
6. Colorado (CO)	L						
7. Connecticut (CT)	N						
8. Delaware (DE)	N						
9. District of Columbia (DC)	N						
10. Florida (FL)	N						
11. Georgia (GA)	L						
12. Hawaii (HI)	N						
13. Idaho (ID)	L						
14. Illinois (IL)	L			150,000		5,575,059	5,724,178
15. Indiana (IN)	L				150,000	1,375,283	1,098,268
16. Iowa (IA)	L						
17. Kansas (KS)	L						
18. Kentucky (KY)	L					1,625,921	1,255,988
19. Louisiana (LA)	N						
20. Maine (ME)	N						
21. Maryland (MD)	L					31,728,735	25,188,343
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		13,569	469,255	1,222,500	19,481,193	21,689,425
37. Oklahoma (OK)	L						
38. Oregon (OR)	L						
39. Pennsylvania (PA)	L					1,833,399	752,224
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					1,035,975	1,373,492
51. Wyoming (WY)	L						75,333
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		13,569	619,255	1,372,500	62,805,566	57,307,251
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						

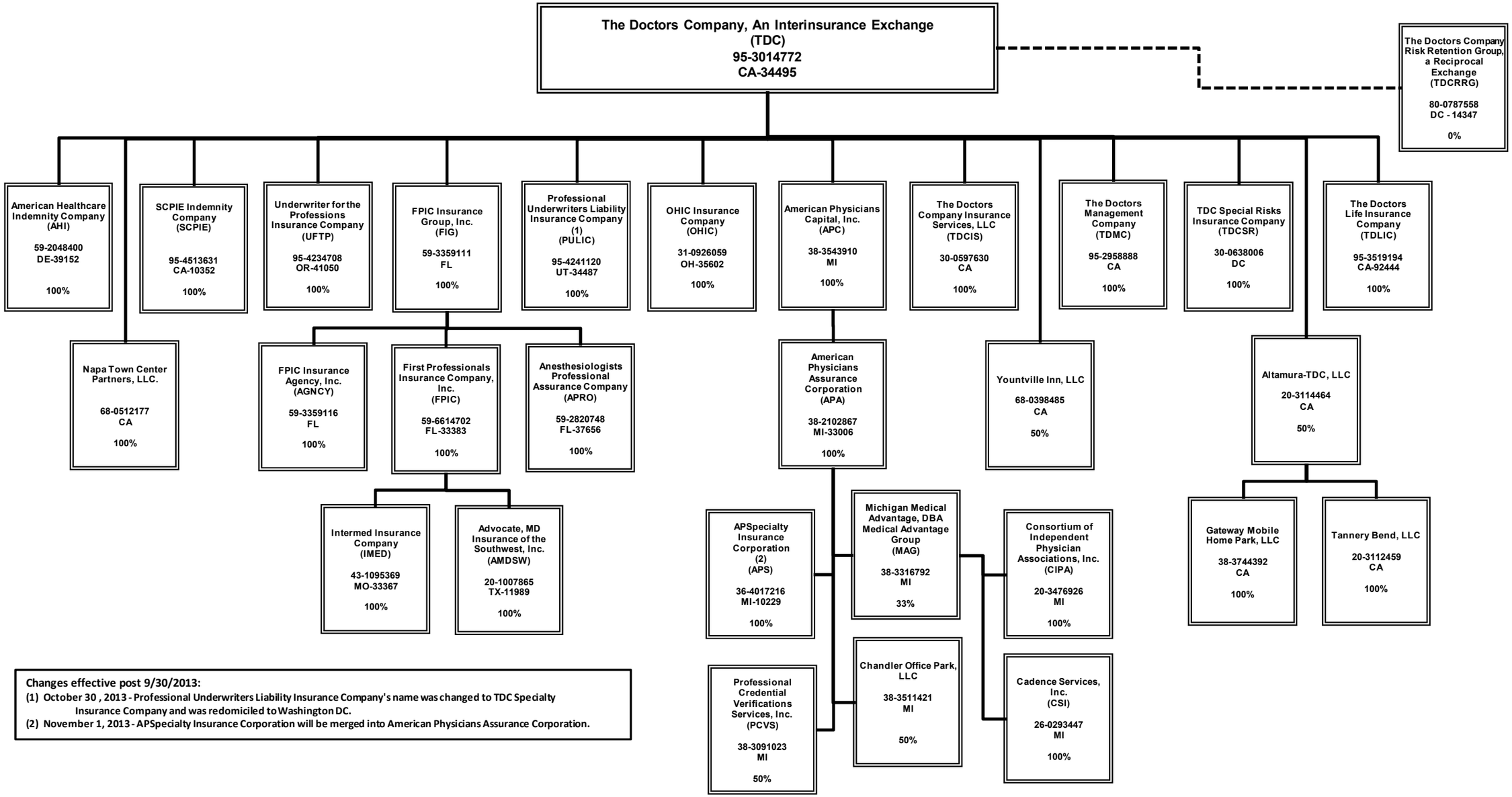
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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



Changes effective post 9/30/2013:

(1) October 30 , 2013 - Professional Underwriters Liability Insurance Company's name was changed to TDC Specialty Insurance Company and was redomiciled to Washington DC.

(2) November 1, 2013 - APSpecialty Insurance Corporation will be merged into American Physicians Assurance Corporation.

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 *
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	11989	20-1007865				Advocate, MD Insurance of the Southwest, Inc.	TX	IA	First Professionals Insurance Company, 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	
0831	The Doctors Group	00000	59-3359111				FPIC Insurance Group, Inc.	FL	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	59-3359111				FPIC Insurance Group, Inc.	FL	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	

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 *
0831	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	
0831	The Doctors Group	33367	43-1095369				Intermed Insurance Company	MO	IA	FPIC Insurance Group, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	33367	43-1095369				Intermed Insurance Company	MO	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	38-3316792				Michigan Medical Advantage, DBA Medical Advantage Group	MI	NIA	American Physicians Assurance Corporation	Ownership	33.0	The Doctors Company, An Interinsurance Exchange	
0831	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	
0831	The Doctors Group	00000	75-3077242				Napa Town Center Management Company, LLC	CA	NIA	Napa Town Center Partners, LLC	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	68-0512177				Napa Town Center Partners, LLC	CA	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	35602	31-0926059				OHIC Insurance Company	OH		The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	35602	31-0926059				OHIC Insurance Company	OH		The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	38-3091023				Professional Credential Verifications Services, Inc.	MI	NIA	American Physicians Assurance Corporation	Ownership	50.0	The Doctors Company, An Interinsurance Exchange	
0831	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	
0831	The Doctors Group	34487	95-4241120				Professional Underwriters Liability Insurance Company	UT	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	34487	95-4241120				Professional Underwriters Liability Insurance Company	UT	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	10352	95-4513631				SCPIE Indemnity Company	CA	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	10352	95-4513631				SCPIE Indemnity Company	CA	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	20-3112459				Tannery Bend, LLC	CA	NIA	Altamura-TDC, LLC	Influence	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	30-0638006				TDC Special Risks Insurance Company	DC	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	30-0638006				TDC Special Risks Insurance Company	DC	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	30-0597630				The Doctors Company Insurance Services, LLC	CA	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	30-0597630				The Doctors Company Insurance Services, LLC	CA	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	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	
0831	The Doctors Group	92444	95-3519194				The Doctors Life Insurance Company	CA	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	92444	95-3519194				The Doctors Life Insurance Company	CA	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
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	

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 *
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
0000001	

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				
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				7,433.425
11.2 Medical professional liability - claims made		(337,900)		(80.095)
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		(337,900)		506.020
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			1,695
11.2 Medical professional liability - claims made			11,874
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1 Other liability - occurrence			
17.2 Other liability - claims made			
17.3 Excess Workers' Compensation			
18.1 Products liability - occurrence			
18.2 Products liability - claims made			
19.1 19.2 Private passenger auto liability			
19.3 19.4 Commercial auto liability			
21. Auto physical damage			
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft			
27. Boiler and machinery			
28. Credit			
29. International			
30. Warranty			
31. Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business			
35. TOTALS			13,569
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 Q.S. Date IBNR Loss and LAE Reserves	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	4,071		4,071	26,475		23,266	49,741	6,241	(9,066)	(2,825)
2. 2011	272	255	527	(3,391)		(3,391)	2,800		3,118	5,918	(863)	2,863	2,000
3. Subtotals 2011 + Prior	24,577	32,587	57,164	680		680	29,275		26,384	55,659	5,378	(6,203)	(825)
4. 2012	64	50	114	(485)		(485)	2,026		(1,425)	601	1,477	(1,475)	2
5. Subtotals 2012 + Prior	24,641	32,637	57,278	195		195	31,301		24,959	56,260	6,855	(7,678)	(823)
6. 2013	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals	24,641	32,637	57,278	195		195	31,301		24,959	56,260	6,855	(7,678)	(823)
											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
8. Prior Year-End's Surplus As Regards Policyholders	26,188										1. 27.820	2. (23.525)	3. (1.437)
													Col. 13, Line 7 / Line 8
													4. (3.143)

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanations:

Bar Codes:

Trusteed Surplus Statement

3560220134900003 2013 Document Code: 490

Medicare Part D Coverage Supplement

3560220133650003 2013 Document Code: 365

Director and Officer Supplement

3560220135050003 2013 Document Code: 505

OVERFLOW PAGE FOR WRITE-INS

N O N E

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		
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

NONE

		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

NONE

		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	47,864,100	28,578,336
3.	Accrual of discount	12,398	30,936
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	249,583	2,015,061
6.	Deduct consideration for bonds and stocks disposed of	25,839,673	50,868,737
7.	Deduct amortization of premium	341,992	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)	101,625,449	79,681,033
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	101,625,449	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)	84,557,458	9,197,696	12,809,400	(23,453)	63,673,567	84,557,458	80,922,301	68,416,616
2. Class 2 (a)	17,471,679	329,532	489,432	(9,132)	10,513,290	17,471,679	17,302,647	11,939,652
3. Class 3 (a)								
4. Class 4 (a)	504,763		4,928	(196)	509,710	504,763	499,639	514,658
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	102,533,900	9,527,228	13,303,760	(32,781)	74,696,567	102,533,900	98,724,587	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	102,533,900	9,527,228	13,303,760	(32,781)	74,696,567	102,533,900	98,724,587	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	25,001	X X X	25,001	143	

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	20,281,187	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)	25,001	1,189,893
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	25,001	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. Governments									
912810RC4	UNITED STATES TREAS BDS		09/06/2013	NOMURA SECURITIES	X X X	3,870,946	4,000,000	7,880	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	3,870,946	4,000,000	7,880	X X X
Bonds - U.S. Special Revenue, Special Assessment									
3137ADCQ8	FHLMC REMIC SERIES 3896		07/10/2013	GOLDMAN SACHS	X X X	2,195,589	2,116,231	3,292	1
3138WPUE2	FNMA PASS-THRU LNG 30 YEAR		07/01/2013	MORGAN STANLEY	X X X	2,017,064	1,991,241	2,710	1
3138X5JQ1	FNMA PASS-THRU LNG 30 YEAR		09/11/2013	Barclay Capital	X X X	264,395	250,000	469	1
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					X X X	4,477,048	4,357,471	6,471	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)									
494550BR6	KINDER MORGAN ENERGY PARTNERS		07/29/2013	Merrill Lynch	X X X	329,531	330,000		2FE
55608PAC8	MACQUARIE BK LTD 144A	R	08/07/2013	SOLOMON BROS	X X X	849,702	850,000		1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	1,179,233	1,180,000		X X X
8399997 Subtotal - Bonds - Part 3					X X X	9,527,227	9,537,471	14,351	X X X
8399999 Subtotal - Bonds					X X X	9,527,227	9,537,471	14,351	X X X
Common Stocks - Money Market Mutual Funds									
23380W523	REICH & TANG DAILY INC US GVT F #1		09/30/2013	Union Bank of CA	5,872,838.760	5,872,839	X X X		L
9399999 Subtotal - Common Stocks - Money Market Mutual Funds					X X X	5,872,839	X X X		X X X
9799997 Subtotal - Common Stocks - Part 3					X X X	5,872,839	X X X		X X X
9799999 Subtotal - Common Stocks					X X X	5,872,839	X X X		X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	5,872,839	X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	15,400,066	X X X	14,351	X X X

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

SCHEDULE D - PART 4

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

1	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 Identification	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 Designation or Market Indicator (a)
Bonds - U.S. Governments																					
36296KMW9	GNMA #693473		09/15/2013	PRINCIPAL RECEIPT	XXX	11,540	11,540	11,605	11,642		(103)		(103)		11,540				420	06/15/2038	1
36207JZR7	GNMA PASS-THRU X SINGLE FAMILY		09/15/2013	PRINCIPAL RECEIPT	XXX	254	254	257	254						254				11	05/15/2028	1
36208WCM3	GNMA PASS-THRU X SINGLE FAMILY		09/15/2013	PRINCIPAL RECEIPT	XXX	704	704	703	703		1		1		704				29	07/15/2028	1
36209HGJ8	GNMA PASS-THRU X SINGLE FAMILY		08/15/2013	PRINCIPAL RECEIPT	XXX	5,301	5,301	5,364	5,313		(12)		(12)		5,301				247	05/15/2028	1
36209NCP5	GNMA PASS-THRU X SINGLE FAMILY		09/15/2013	PRINCIPAL RECEIPT	XXX	159	159	161	160						159				7	05/15/2028	1
36295QVU1	GNMA PASS-THRU X SINGLE FAMILY		09/15/2013	PRINCIPAL RECEIPT	XXX	5,149	5,149	5,190	5,206		(57)		(57)		5,149				205	11/15/2037	1
36295XZZ1	GNMA PASS-THRU X SINGLE FAMILY		09/15/2013	PRINCIPAL RECEIPT	XXX	654	654	661	663		(9)		(9)		654				25	02/15/2038	1
36296GRY9	GNMA PASS-THRU X SINGLE FAMILY		09/15/2013	PRINCIPAL RECEIPT	XXX	446	446	451	454		(9)		(9)		446				17	06/15/2038	1
38377QQB6	GNMA REMIC TRUST 2011-29		09/20/2013	PRINCIPAL RECEIPT	XXX	39,470	39,470	43,787	42,437		(2,968)		(2,968)		39,470				1,138	05/20/2040	1
912810RC4	UNITED STATES TREAS BDS		09/13/2013	VARIOUS	XXX	3,871,703	4,000,000	3,870,946			41		41		3,870,987		716	716	10,442	08/15/2043	1
0599999 Subtotal - Bonds - U.S. Governments					XXX	3,935,380	4,063,675	3,939,125	66,832		(3,116)		(3,116)		3,934,664		716	716	12,541	XXX	XXX
Bonds - U.S. Special Revenue, Special Assessment																					
31288AV93	FHLMC C72440		09/15/2013	PRINCIPAL RECEIPT	XXX	52,453	52,453	53,897	53,170		(717)		(717)		52,453				2,045	10/01/2032	1
3128PST49	FHLMC PC GOLD 15 YR		09/15/2013	PRINCIPAL RECEIPT	XXX	93,937	93,937	95,625	95,137		(1,200)		(1,200)		93,937				2,108	10/01/2025	1
31398VTM8	FHLMC REMIC SERIES 3659		09/15/2013	PRINCIPAL RECEIPT	XXX	99,810	99,810	107,015	102,122		(553)		(553)		101,568		(1,758)	(1,758)	3,216	10/15/2031	1
3137ADCQ8	FHLMC REMIC SERIES 3896		09/15/2013	PRINCIPAL RECEIPT	XXX	102,719	102,719	106,571			(3,852)		(3,852)		102,719				342	03/15/2040	1
3137ARXS0	FHLMC REMIC SERIES 4073		09/15/2013	PRINCIPAL RECEIPT	XXX	23,350	23,350	25,787	25,480		(2,130)		(2,130)		23,350				598	07/15/2041	1
3137ASBP8	FHLMC REMIC SERIES 4077		09/15/2013	PRINCIPAL RECEIPT	XXX	30,349	30,349	32,754	32,491		(2,142)		(2,142)		30,349				680	11/15/2041	1
3137B1RP9	FHLMC REMIC SERIES 4189		09/15/2013	PRINCIPAL RECEIPT	XXX	19,912	19,912	21,685			(1,773)		(1,773)		19,912				214	11/15/2042	1
31383SSP6	FNMA #511826		09/25/2013	PRINCIPAL RECEIPT	XXX	2,447	2,447	2,495	2,457		(10)		(10)		2,447				92	07/01/2016	1
31384VV33	FNMA #535334		09/25/2013	PRINCIPAL RECEIPT	XXX	481	481	496	493		(13)		(13)		481				23	06/01/2030	1
31385JEL8	FNMA #545639		09/25/2013	PRINCIPAL RECEIPT	XXX	7,310	7,310	7,555	7,438		(128)		(128)		7,310				309	04/01/2032	1
31385JEM6	FNMA #545640		09/25/2013	PRINCIPAL RECEIPT	XXX	13,667	13,667	14,343	14,149		(482)		(482)		13,667				579	04/01/2032	1
31386TM51	FNMA #572880		09/25/2013	PRINCIPAL RECEIPT	XXX	863	863	862	861		2		2		863				31	04/01/2016	1
31388NGU4	FNMA #609611		09/25/2013	PRINCIPAL RECEIPT	XXX	4,353	4,353	4,369	4,347		6		6		4,353				151	11/01/2016	1
31388TFK4	FNMA #614070		09/25/2013	PRINCIPAL RECEIPT	XXX	718	718	729	721		(2)		(2)		718				25	11/01/2016	1
31388UF70	FNMA #614990		09/25/2013	PRINCIPAL RECEIPT	XXX	10,959	10,959	11,126	10,996		(38)		(38)		10,959				426	12/01/2016	1
31391SM64	FNMA #675481		09/25/2013	PRINCIPAL RECEIPT	XXX	102	102	106	105		(3)		(3)		102				2	02/01/2033	1
31400WSW1	FNMA #699933		09/25/2013	PRINCIPAL RECEIPT	XXX	109,156	109,156	109,941	109,984		(828)		(828)		109,156				4,044	04/01/2033	1
31406UK31	FNMA #820314		09/25/2013	PRINCIPAL RECEIPT	XXX	889	889	875	879		10		10		889				28	08/01/2035	1
31411W4N4	FNMA #917129		09/25/2013	PRINCIPAL RECEIPT	XXX	27,195	27,195	26,787	26,895		300		300		27,195				1,003	06/01/2037	1
31414SYU1	FNMA #975123		09/25/2013	PRINCIPAL RECEIPT	XXX	15,815	15,815	15,771	15,772		44		44		15,815				567	05/01/2038	1
31371KZA2	FNMA PASS-THRU LNG 30 YEAR		09/25/2013	PRINCIPAL RECEIPT	XXX	52,987	52,987	57,069	57,348		(4,361)		(4,361)		52,987				1,831	02/01/2033	1
3138EGEY6	FNMA PASS-THRU LNG 30 YEAR		09/25/2013	PRINCIPAL RECEIPT	XXX	61,070	61,070	63,885	63,293		(2,223)		(2,223)		61,070				1,555	02/01/2041	1
3138WPUE2	FNMA PASS-THRU LNG 30 YEAR		09/25/2013	PRINCIPAL RECEIPT	XXX	5,980	5,980	6,057			(78)		(78)		5,980				18	04/01/2043	1
31394AP26	FNMA REMIC TRUST 2004-76		09/25/2013	PRINCIPAL RECEIPT	XXX	45,254	45,254	48,139	46,871		(1,617)		(1,617)		45,254				1,170	10/25/2019	1
3136A2QP1	FNMA REMIC TRUST 2011-132		09/25/2013	PRINCIPAL RECEIPT	XXX	77,542	77,542	83,672	81,520		(3,978)		(3,978)		77,542				2,146	08/25/2039	1
3136ADLC1	FNMA REMIC TRUST 2013-29		09/25/2013	PRINCIPAL RECEIPT	XXX	68,141	68,141	73,204			(5,063)		(5,063)		68,141				934	01/25/2043	1
3136AE2C0	FNMA REMIC TRUST 2013-70		09/25/2013	PRINCIPAL RECEIPT	XXX	20,810	20,810	21,935			(1,125)		(1,125)		20,810				105	10/25/2037	1
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					XXX	948,269	948,269	992,750	752,529		(31,954)		(31,954)		950,027		(1,758)	(1,758)	24,242	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
20030NAY7	COMCAST CORP NEW SR NT 6.55%39		08/28/2013	US BANCORP PIPER JAFFRAY	XXX	597,705	500,000	528,235	527,549		(282)		(282)		527,265		70,438	70,438	38,390	07/01/2039	1FE
126650BP4	CVS CAREMARK CORPORATION		09/10/2013	Sink PMT @ 100.0000000	XXX	4,928	4,928	5,026	5,024		(97)		(97)		4,928				190	12/10/2028	4AM
375558AT0	GILEAD SCIENCES INC SR NT		08/13/2013	RBC Capital Markets	XXX	229,527	217,000	229,464	227,638		(1,626)		(1,626)		226,011		3,516	3,516	4,688	12/01/2016	2FE
46625YDD2	JP MORGAN COMM MTG 2004-CIBC10		09/12/2013	PRINCIPAL RECEIPT	XXX	49,086	49,086	46,877	48,752		334		334		49,086				1,583	01/12/2037	1FM
59022HNC2	ML MTG TRUST 2005-LC1 20440112 FLT		09/12/2013	PRINCIPAL RECEIPT	XXX	20,365	20,365	22,153	21,219		(854)		(854)		20,365				688	01/12/2044	1FM
61748HAR2	MORGAN STANLEY CAP 2004-5AR		09/25/2013	PRINCIPAL RECEIPT	XXX	10,253	10,253	10,293	10,216		38		38		10,253				172	07/25/2034	1FM
786514BP3	SAFEWAY INC		09/18/2013	Barclays Capital	XXX	278,078	250,000	274,163	265,615		(2,193)		(2,193)		263,422		14,655	14,655	17,551	08/15/2017	2FE
931142CK7	WAL-MART STORES INC		08/28/2013	SALOMON BROTHERS, INC.	XXX	743,952	600,000	616,512	615,519		(180)		(180)		615,339		128,613	128,613	40,950	08/15/2037	1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	1,933,894	1,651,632	1,732,723	1,721,532		(4,860)		(4,860)		1,716,669		217,222	217,222	104,212	XXX	XXX
8399997 Subtotal - Bonds - Part 4					XXX	6,817,543	6,663,576	6,664,598	2,540,893		(39,930)		(39,930)		6,601,360		216,180	216,180	140,995	XXX	XXX
8399999 Subtotal - Bonds					XXX	6,817,543	6,663,576	6,664,598	2,540,893		(39,930)		(39,930)		6,601,360		216,180	216,180	140,995	XXX	XXX
Common Stocks - Money Market Mutual Funds																					
23380W523	REICH & TANG DAILY INC US GVT F #1		08/31/2013	Union Bank of CA	2,946,975.840	2,946,976	XXX	2,946,976							2,946,976					XXX	1
9399999 Subtotal - Common Stocks - Money Market Mutual Funds					XXX	2,946,976	XXX	2,946,976							2,946,976					XXX	XXX

SCHEDULE D - PART 4

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

1	2	3	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	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 Designation or Market Indicator (a)
9799997 Subtotal - Common Stocks - Part 4					XXX	2,946,976	XXX	2,946,976							2,946,976					XXX	XXX
9799999 Subtotal - Common Stocks					XXX	2,946,976	XXX	2,946,976							2,946,976					XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX	2,946,976	XXX	2,946,976							2,946,976					XXX	XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	9,764,519	XXX	9,611,574	2,540,893		(39,930)		(39,930)		9,548,336		216,180	216,180	140,995	XXX	XXX

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

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 Depository			2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter 6 First Month	7 Second Month	8 Third Month	9 *
open depositories										
Wells Fargo - Operating	175 S. Third St, Suite 150, Columbus, OH			0.001	75		225,419	411,129	(54,922)	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X	75		225,419	411,129	(54,922)	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X	75		225,419	411,129	(54,922)	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X	75		225,419	411,129	(54,922)	X X X

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
NONE							
8699999 Total - Cash Equivalents							

35602201345500103 2013 Document Code: 455

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

Physicians, including surgeons and osteopaths

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, Etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred but not Reported
1. Alabama (AL)								
2. Alaska (AK)								
3. Arizona (AZ)								
4. Arkansas (AR)								
5. California (CA)								
6. Colorado (CO)								
7. Connecticut (CT)								
8. Delaware (DE)								
9. District of Columbia (DC)								
10. Florida (FL)								
11. Georgia (GA)								
12. Hawaii (HI)								
13. Idaho (ID)								
14. Illinois (IL)					(134,993)	262,500	1	206,840
15. Indiana (IN)					163,381	582,210	3	500,160
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)					(1,916,208)	51,000	2	42,503
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	799,047	2,140,000	12	701,448
37. Oklahoma (OK)								
38. Oregon (OR)								
39. Pennsylvania (PA)					830,990	1,000,000	1	833,399
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)					(75,327)			
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	37,100	5,285,710	21	2,660,272
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)								

35602201345500103 2013 Document Code: 455

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

Hospitals

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, Etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred but not Reported
1. Alabama (AL)								
2. Alaska (AK)								
3. Arizona (AZ)								
4. Arkansas (AR)								
5. California (CA)								
6. Colorado (CO)								
7. Connecticut (CT)								
8. Delaware (DE)								
9. District of Columbia (DC)								
10. Florida (FL)								
11. Georgia (GA)								
12. Hawaii (HI)								
13. Idaho (ID)								
14. Illinois (IL)			150,000	1	(2,281,892)	3,550,000	2	1,555,719
15. Indiana (IN)					(103,250)	219,125	2	73,789
16. Iowa (IA)								
17. Kansas (KS)								
18. Kentucky (KY)								
19. Louisiana (LA)								
20. Maine (ME)								
21. Maryland (MD)					2,252,848	23,665,923	68	7,969,309
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	419,255	3	(876,510)	10,244,502	23	6,315,840
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)					809,983	775,000	2	260,975
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	569,255	4	(198,821)	38,454,550	97	16,175,631
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)								

35602201345500003 2013 Document Code: 455

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

Other health care professionals, including dentists

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

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

35602201345500103 2013 Document Code: 455

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

Other health care facilities

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, Etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred but not Reported
1. Alabama (AL)								
2. Alaska (AK)								
3. Arizona (AZ)								
4. Arkansas (AR)								
5. California (CA)								
6. Colorado (CO)								
7. Connecticut (CT)								
8. Delaware (DE)								
9. District of Columbia (DC)								
10. Florida (FL)								
11. Georgia (GA)								
12. Hawaii (HI)								
13. Idaho (ID)								
14. Illinois (IL)								
15. Indiana (IN)								
16. Iowa (IA)								
17. Kansas (KS)								
18. Kentucky (KY)								
19. Louisiana (LA)								
20. Maine (ME)								
21. Maryland (MD)								
22. Massachusetts (MA)								
23. Michigan (MI)								
24. Minnesota (MN)								
25. Mississippi (MS)								
26. Missouri (MO)								
27. Montana (MT)								
28. Nebraska (NE)								
29. Nevada (NV)								
30. New Hampshire (NH)								
31. New Jersey (NJ)								
32. New Mexico (NM)								
33. New York (NY)								
34. North Carolina (NC)								
35. North Dakota (ND)								
36. Ohio (OH)					(176,178)	55,000	1	24,403
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					(176,178)	55,000	1	24,403
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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