12233201320100100 2013 Document Code: 201

ANNUAL STATEMENT

For the Year Ended December 31, 2013

OF THE CONDITION AND AFFAIRS OF THE

HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO

NAIC Group Code 0000 (Current Period), 0000 (Prior Period) NAIC Company Code 12233 Employer's ID Number 74-3129288

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

Country of Domicile United States of America

Incorporated/Organized 11/30/2004 Commenced Business 12/14/2004

Statutory Home Office 450 Alkyre Run, Suite 360 (Street and Number) , Westerville, OH, US 43082-6914 (City or Town, State, Country and Zip Code)

Main Administrative Office 1250 South Pine Island Road, Suite 300 (Street and Number)

Plantation, FL, 33324-4402 (City or Town, State, Country and Zip Code) (866)484-5715 (Area Code) (Telephone Number)

Mail Address 1250 South Pine Island Road, Suite 300 (Street and Number or P.O. Box) , Plantation, FL, 33324-4402 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1250 South Pine Island Road, Suite 300 (Street and Number)

Plantation, FL, 33324-4402 (City or Town, State, Country and Zip Code) (866)484-5715 (Area Code) (Telephone Number)

Internet Website Address www.hugroupoh.com

Statutory Statement Contact Thomas William Mueller, CPA, CGMA (Name) (866)484-5716 (Area Code)(Telephone Number)(Extension)

tmueller@HUgroups.com (E-Mail Address) (877)895-0996 (Fax Number)

OFFICERS

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

OTHERS

Susan Elaine Salman, Assistant Secretary

DIRECTORS OR TRUSTEES

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

State of Ohio
County of Franklin ss

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

(Signature)	(Signature)	(Signature)
Howard Irwin Dickey-White, MD	Joseph James Zigray, CPA	David Wayne Lester, CPA, CGMA
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	VP-CFO & Assistant Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this
______ day of ______ , 2014

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

(Notary Public Signature)

12233201343036100 2013 Document Code: 430

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

NAIC Group Code:

DIRECT BUSINESS IN THE STATE OF **OHIO** DURING THE YEAR

NAIC Company Code: 12233

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability	5,951,283	5,715,501		2,993,255	217,448	1,788,374	7,352,711	1,453,099	1,086,229	3,947,878	411,056	104,611
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium (b)												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	5,951,283	5,715,501		2,993,255	217,448	1,788,374	7,352,711	1,453,099	1,086,229	3,947,878	411,056	104,611
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ....0 and number of persons insured under indemnity only products ....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

NAIC Group Code: DIRECT BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR NAIC Company Code: 12233

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken 1 Direct Premiums Written	2 Direct Premiums Earned	3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability	5,951,283	5,715,501		2,993,255	217,448	1,788,374	7,352,711	1,453,099	1,086,229	3,947,878	411,056	104,611
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13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium (b)												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	5,951,283	5,715,501		2,993,255	217,448	1,788,374	7,352,711	1,453,099	1,086,229	3,947,878	411,056	104,611
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ....0 and number of persons insured under indemnity only products ....0.

20 Schedule F Part 1 Assumed Reinsurance . . . . NONE

21 Schedule F Part 2 Reinsurance Effected . . . . NONE

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Columns 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
Authorized - Other U.S. Unaffiliated Insurers																		
52-1952955	10357	PLATINUM UNDERWRITERS REINS INC	MD					12	12					24			24	
06-1481194	10829	ALTERRA REINS USA INC	CT		16			33	10	84	47	95		269			269	
0999998 Total - Authorized - Other U.S. Unaffiliated Insurers (Under $100,000)																		
0999999 Total - Authorized - Other U.S. Unaffiliated Insurers					16			45	22	84	47	95		293			293	
Authorized - Other Non-U.S. Insurers																		
AA-1120337	00000	ASPEN INS UK LTD	GBR		15			52	31	82	47	88		300			300	
AA-1128003	00000	LLOYD'S SYNDICATE NUMBER 2003	GBR		3			12	7	19	10	20		68			68	
AA-1126435	00000	LLOYD'S SYNDICATE NUMBER 435	GBR					18	10	16	15	16		75			75	
AA-1126623	00000	LLOYD'S SYNDICATE NUMBER 623	GBR															
AA-1128623	00000	LLOYD'S SYNDICATE NUMBER 2623	GBR															
AA-1126006	00000	LLOYD'S SYNDICATE NUMBER 4472	GBR		2			6	4	10	6	11		37			37	
AA-1128488	00000	LLOYD'S SYNDICATE NUMBER 2488	GBR		11			23	7	59	33	66		188			188	
AA-1126004	00000	LLOYD'S SYNDICATE NUMBER 4444	GBR		2					4	1	5		10			10	
AA-1126958	00000	LLOYD'S SYNDICATE NUMBER 958	GBR		1					2		2		4			4	
AA-1127084	00000	LLOYD'S SYNDICATE NUMBER 1084	GBR		2					6	1	7		14			14	
1299998 Total - Authorized - Other Non-U.S. Insurers (Under $100,000)																		
1299999 Total - Authorized - Other Non-U.S. Insurers					36			111	59	198	113	215		696			696	
1399999 Total - Authorized					52			156	81	282	160	310		989			989	
Unauthorized - Other Non-U.S. Insurers																		
AA-3190829	00000	MARKEL BERMUDA LTD	BMU					24	24	4	3			55			55	
AA-3194161	00000	CATLIN INS CO LTD	BMU		9			18	10	37	17	41		123			123	
AA-1120810	00000	ACE EUROPEAN GRP LTD	GBR					17	17	3	2			39			39	
AA-3190795	00000	AMERICAN SAFETY REINS LTD	BMU					15	5	22	20	21		83			83	
AA-1460019	00000	AMLIN AG	CHE		3					9	1	10		20			20	
2599998 Total - Unauthorized - Other Non-U.S. Insurers (Under $100,000)																		
2599999 Total - Unauthorized - Other Non-U.S. Insurers					12			74	56	75	43	72		320			320	
2699999 Total - Unauthorized					12			74	56	75	43	72		320			320	
4099999 Total - Authorized, Unauthorized and Certified					64			230	137	357	203	382		1,309			1,309	
9999999 Totals					64			230	137	357	203	382		1,309			1,309	

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

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

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

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1)	ASPEN INS UK LTD	300	15	Yes[ ] No[X]
2)	ALTERRA REINS USA INC	269	16	Yes[ ] No[X]
3)	LLOYD'S SYNDICATE NUMBER 2488	188	11	Yes[ ] No[X]
4)	CATLIN INS CO LTD	123	9	Yes[ ] No[X]
5)	AMERICAN SAFETY REINS LTD	83		Yes[ ] No[X]

SCHEDULE F - PART 4

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

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

SCHEDULE F - PART 5

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Recoverable All Items Schedule F Pt. 3, Col.15	6 Funds Held By Company Under Reinsurance Treaties	7 Letters of Credit	8 Issuing or Confirming Bank Reference Number (a)	9 Ceded Balances Payable	10 Miscel-laneous Balances Payable	11 Trust Funds and Other Allowed Offset Items	12 Total Collateral and Offsets Allowed (Cols. 6+7+9 +10+11 But Not in Excess of Col. 5)	13 Provision for Unauth-orized Reins-urance (Col. 5 minus Col. 12)	14 Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due Not In Dispute	15 20 % of Amount in Col. 14	16 20% of Amount in Dispute Included in Column 5	17 Provision for Overdue Reins-urance (Col. 15 plus Col. 16)	18 Total Provision for Reinsurance Ceded to Unauth-orized Reinsurers (Col. 13 + Col. 17 but not in Excess of Col. 5)
Other Non-U.S. Insurers																	
AA-3190829	00000	MARKEL BERMUDA LTD	BMU	55		100	0001				55						
AA-3194161	00000	CATLIN INS CO LTD	BMU	123		274	0002				123						
AA-1120810	00000	ACE EUROPEAN GRP LTD	GBR	39		369	0003				39						
AA-3190795	00000	AMERICAN SAFETY REINS LTD	BMU	83		184	0004				83						
AA-1460019	00000	AMLIN AG	CHE	20		52	0005				20						
1299999 Total - Other Non-U.S. Insurers				320		979	XXX				320						
1399999 Total - Affiliates and Others				320		979	XXX				320						
1499999 Total - Protected Cells							XXX										
9999999 Totals				320		979	XXX				320						

1. Amounts in dispute totaling $..............0 are included in Column 5.
2. Amounts in dispute totaling $..............0 are excluded from Column 14.

(a)

Issuing or Confirming Bank Reference Number	Letter of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letter of Credit Amount
0001	1	026009593	Bank of America, N.A.	100
0002	1	021000089	Citibank, N.A.	274
0003	1	021000089	Citibank, N.A.	369
0004	1	072000096	Comerica Bank	184
0005	1	026009470	Royal Bank of Scotland	52

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

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

27 Schedule F Part 7 Overdue Authorized Reinsurance . . . . NONE

28 Schedule F Part 8 Overdue Reinsurance . . . . NONE

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Column 3)				
1.	Cash and invested assets (Line 12)	28,175,018		28,175,018
2.	Premiums and considerations (Line 15)	192,313		192,313
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)			
4.	Funds held by or deposited with reinsured companies (Line 16.2)			
5.	Other assets	1,127,876		1,127,876
6.	Net amount recoverable from reinsurers		1,309,000	1,309,000
7.	Protected cell assets (Line 27)			
8.	TOTALS (Line 28)	29,495,207	1,309,000	30,804,207
LIABILITIES (Page 3)				
9.	Losses and loss adjustment expenses (Lines 1 through 3)	11,180,656	927,000	12,107,656
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	423,020		423,020
11.	Unearned premiums (Line 9)	2,610,951	382,000	2,992,951
12.	Advance premiums (Line 10)	906,353		906,353
13.	Dividends declared and unpaid (Line 11.1 and 11.2)			
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)			
15.	Funds held by company under reinsurance treaties (Line 13)			
16.	Amounts withheld or retained by company for account of others (Line 14)			
17.	Provision for reinsurance (Line 16)			
18.	Other liabilities	337,484		337,484
19.	TOTAL Liabilities excluding protected cell business (Line 26)	15,458,464	1,309,000	16,767,464
20.	Protected cell liabilities (Line 27)			
21.	Surplus as regards policyholders (Line 37)	14,036,743	X X X	14,036,743
22.	TOTALS (Line 38)	29,495,207	1,309,000	30,804,207

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

If yes, give full explanation:

30 Schedule H Part 1 A & H Exhibit . . . . NONE

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

32 Schedule H Part 5 Health Claims . . . . NONE

35 Schedule P - Part 1A - Homeowners/Farmowners . . . . NONE

36 Schedule P - Part 1B - Private Passenger Auto Liability/Medical . . . . NONE

37 Schedule P - Part 1C - Comm. Auto/Truck Liability/Medical . . . . NONE

38 Schedule P - Part 1D - Workers' Compensation (Excl. Excess Workers' Comp.) NONE

39 Schedule P - Part 1E - Commercial Multiple Peril . . . . NONE

SCHEDULE P - PART 1F - SECTION 1

MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported - Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX									XXX
2. 2004												
3. 2005												
4. 2006	30	8	22					3			3	
5. 2007	107	24	83					4			4	
6. 2008	368	68	300					9			9	
7. 2009	54	10	44					2			2	
8. 2010	28	4	24					1			1	
9. 2011	287	40	247					8			8	
10. 2012	331	46	285			9		4			13	2
11. 2013	224	31	193			9		2			11	2
12. Totals	XXX	XXX	XXX			18		33			51	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2004													
3. 2005													
4. 2006													
5. 2007			4	1			4	1	1			7	
6. 2008			13	2			13	2	2			24	
7. 2009			3	1			3	1				4	
8. 2010			2				2					4	
9. 2011			31	1			31	1	5			65	
10. 2012			87	11			87	11	12			164	
11. 2013	20		68	9	30		63	13	13			172	1
12. Totals	20		208	25	30		203	29	33			440	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2004											
3. 2005											
4. 2006	3		3	10.0		13.6					
5. 2007	13	2	11	12.1	8.3	13.3				3	4
6. 2008	37	4	33	10.1	5.9	11.0				11	13
7. 2009	8	2	6	14.8	20.0	13.6				2	2
8. 2010	5		5	17.9		20.8				2	2
9. 2011	75	2	73	26.1	5.0	29.6				30	35
10. 2012	199	22	177	60.1	47.8	62.1				76	88
11. 2013	205	22	183	91.5	71.0	94.8				79	93
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	203	237

SCHEDULE P - PART 1F - SECTION 2

MEDICAL PROFESSIONAL LIABILITY - CLAIMS - MADE

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported - Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	X X X	X X X	X X X									X X X
2. 2004	1		1									
3. 2005	2,457	685	1,772					86			86	3
4. 2006	5,091	1,261	3,830	45		284		199			528	18
5. 2007	6,685	799	5,886	534	275	829	34	281			1,335	22
6. 2008	6,488	333	6,155	250		287		138			675	20
7. 2009	6,405	1,240	5,165	1,218	247	1,441	52	233			2,593	39
8. 2010	6,153	657	5,496	918	45	1,332	38	128			2,295	38
9. 2011	5,905	261	5,644			245		135			380	28
10. 2012	5,850	525	5,325			604		94			698	34
11. 2013	5,492	1	5,491			285		36			321	25
12. Totals	X X X	X X X	X X X	2,965	567	5,307	124	1,330			8,911	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2004													
3. 2005													
4. 2006													
5. 2007													
6. 2008													
7. 2009	720	95	124	10	169	95	95	8	79			979	6
8. 2010	250		146	3	86		143		46			668	2
9. 2011	615		253	2	174		246	4	91			1,373	6
10. 2012	1,255	45	632	168	353	12	565	152	201			2,629	17
11. 2013	1,901	90	1,229	149	755	30	1,129	10	357			5,092	23
12. Totals	4,741	230	2,384	332	1,537	137	2,178	174	774			10,741	54

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2004											
3. 2005	86		86	3.5		4.9					
4. 2006	528		528	10.4		13.8					
5. 2007	1,644	309	1,335	24.6	38.7	22.7					
6. 2008	675		675	10.4		11.0					
7. 2009	4,079	507	3,572	63.7	40.9	69.2				739	240
8. 2010	3,049	86	2,963	49.6	13.1	53.9				393	275
9. 2011	1,759	6	1,753	29.8	2.3	31.1				866	507
10. 2012	3,704	377	3,327	63.3	71.8	62.5				1,674	955
11. 2013	5,692	279	5,413	103.6	27,900.0	98.6				2,891	2,201
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	6,563	4,178

42 Schedule P - Part 1G - Special Liab. (Ocn Mar., Aircraft, Boiler & Mchnry) . . . . NONE

43 Schedule P - Part 1H Sn 1 - Other Liability - Occurrence . . . . NONE

44 Schedule P - Part 1H Sn 2 - Other Liability - Claims-Made . . . . NONE

45 Schedule P - Part 1I - Special Property (Fire, Ald. Lines, Inld Mar.) . . . . NONE

46 Schedule P - Part 1J - Auto Physical Damage . . . . NONE

47 Schedule P - Part 1K - Fidelity/Surety . . . . NONE

48 Schedule P - Part 1L - Other (Incl. Credit, Accident and Health) . . . . NONE

49 Schedule P - Part 1M - International . . . . NONE

50 Schedule P - Part 1N - Reins. Nonproportional Assumed Property . . . . NONE

51 Schedule P - Part 1O - Reins. Nonproportional Assumed Liability . . . . NONE

52 Schedule P - Part 1P - Reins. Nonproportional Assumed Financial Lines . . . . . NONE

53 Schedule P - Part 1R Sn 1 - Products Liability - Occurrence . . . . NONE

54 Schedule P - Part 1R Sn 2 - Products Liability - Claims-Made . . . . NONE

55 Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty . . . . NONE

56 Schedule P - Part 1T - Warranty . . . . NONE

57 Schedule P - Part 2A - Homeowners/Farmowners . . . . NONE

57 Schedule P - Part 2B - Private Passenger Auto Liability/Medical . . . . NONE

57 Schedule P - Part 2C - Comm. Auto/Truck Liability/Medical . . . . NONE

57 Schedule P - Part 2D - Workers' Compensation (Excl. Excess Workers' Comp.) NONE

57 Schedule P - Part 2E - Commercial Multiple Peril . . . . NONE

SCHEDULE P - PART 2F - SECTION 1

MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013	11 One Year	12 Two Year
1. Prior												
2. 2004												
3. 2005	XXX											
4. 2006	XXX	XXX	40	22	10	10	10	4	4		(4)	(4)
5. 2007	XXX	XXX	XXX	61	34	34	34	6	7	6	(1)	
6. 2008	XXX	XXX	XXX	XXX	230	230	4	23		22	22	(1)
7. 2009	XXX	XXX	XXX	XXX	XXX	30	30	19	5	4	(1)	(15)
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	45	22	22	4	(18)	(18)
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	224	106	60	(46)	(164)
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	341	161	(180)	XXX
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	168	XXX	XXX
12. TOTALS											(228)	(202)

SCHEDULE P - PART 2F - SECTION 2

MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE

1. Prior												
2. 2004	1	1										
3. 2005	XXX	998	124									
4. 2006	XXX	XXX	2,101	1,262	750	525	325	391	391	329	(62)	(62)
5. 2007	XXX	XXX	XXX	3,380	2,750	1,749	1,849	1,381	1,230	1,054	(176)	(327)
6. 2008	XXX	XXX	XXX	XXX	3,281	1,831	605	587	555	537	(18)	(50)
7. 2009	XXX	XXX	XXX	XXX	XXX	3,568	3,993	3,690	3,150	3,260	110	(430)
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	3,652	2,830	2,471	2,789	318	(41)
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,472	2,870	1,527	(1,343)	(1,945)
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,619	3,032	(587)	XXX
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,020	XXX	XXX
12. TOTALS											(1,758)	(2,855)

SCHEDULE P - PART 2G

SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

NONE

1. Prior												
2. 2004												
3. 2005	XXX											
4. 2006	XXX	XXX										
5. 2007	XXX	XXX	XXX									
6. 2008	XXX	XXX	XXX	XXX								
7. 2009	XXX	XXX	XXX	XXX								
8. 2010	XXX	XXX	XXX	XXX								
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

SCHEDULE P - PART 2H - SECTION 1

OTHER LIABILITY - OCCURRENCE

NONE

1. Prior												
2. 2004												
3. 2005	XXX											
4. 2006	XXX	XXX										
5. 2007	XXX	XXX	XXX									
6. 2008	XXX	XXX	XXX	XXX								
7. 2009	XXX	XXX	XXX	XXX								
8. 2010	XXX	XXX	XXX	XXX								
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

SCHEDULE P - PART 2H - SECTION 2

OTHER LIABILITY - CLAIMS-MADE

NONE

1. Prior												
2. 2004												
3. 2005	XXX											
4. 2006	XXX	XXX										
5. 2007	XXX	XXX	XXX									
6. 2008	XXX	XXX	XXX	XXX								
7. 2009	XXX	XXX	XXX	XXX								
8. 2010	XXX	XXX	XXX	XXX								
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

SCHEDULE P - PART 3F SECTION 1

MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED) 1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013	11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
1. Prior	000											
2. 2004												
3. 2005	XXX											
4. 2006	XXX	XXX										
5. 2007	XXX	XXX	XXX									
6. 2008	XXX	XXX	XXX	XXX								
7. 2009	XXX	XXX	XXX	XXX	XXX							
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	9		2
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9		1

SCHEDULE P - PART 3F SECTION 2

MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE

1. Prior	000											
2. 2004												
3. 2005	XXX											3
4. 2006	XXX	XXX	27	139	194	241	260	292	329	329	1	17
5. 2007	XXX	XXX	XXX	85	604	724	768	897	916	1,054	2	20
6. 2008	XXX	XXX	XXX	XXX	79	236	526	537	537	537	1	19
7. 2009	XXX	XXX	XXX	XXX	XXX	146	873	1,563	2,029	2,360	7	26
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	127	985	1,820	2,167	5	31
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	58	193	245		22
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	100	604		17
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	285		2

SCHEDULE P - PART 3G

SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

NONE

1. Prior	000										XXX	XXX
2. 2004											XXX	XXX
3. 2005	XXX										XXX	XXX
4. 2006	XXX	XXX									XXX	XXX
5. 2007	XXX	XXX	XXX								XXX	XXX
6. 2008	XXX	XXX	XXX	XXX							XXX	XXX
7. 2009	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2010	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3H SECTION 1

OTHER LIABILITY - OCCURRENCE

NONE

1. Prior	000											
2. 2004												
3. 2005	XXX											
4. 2006	XXX	XXX										
5. 2007	XXX	XXX	XXX									
6. 2008	XXX	XXX	XXX	XXX								
7. 2009	XXX	XXX	XXX	XXX	XXX							
8. 2010	XXX	XXX	XXX	XXX	XXX							
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3H SECTION 2

OTHER LIABILITY - CLAIMS MADE

NONE

1. Prior	000											
2. 2004												
3. 2005	XXX											
4. 2006	XXX	XXX										
5. 2007	XXX	XXX	XXX									
6. 2008	XXX	XXX	XXX	XXX								
7. 2009	XXX	XXX	XXX	XXX	XXX							
8. 2010	XXX	XXX	XXX	XXX	XXX							
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 4F SECTION 1

MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX	40	22	10	10	10	4	4	
5. 2007	XXX	XXX	XXX	61	34	34	34	6	7	6
6. 2008	XXX	XXX	XXX	XXX	230	230	4	23		22
7. 2009	XXX	XXX	XXX	XXX	XXX	30	30	19	5	4
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	45	22	22	4
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	224	106	60
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	257	152
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109

SCHEDULE P - PART 4F - SECTION 2

MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE

1. Prior										
2. 2004	1	1								
3. 2005	XXX	951	124							
4. 2006	XXX	XXX	1,694	919	465	274	68	89	62	
5. 2007	XXX	XXX	XXX	2,297	1,739	698	775	238	45	
6. 2008	XXX	XXX	XXX	XXX	2,370	1,030	79	50	18	
7. 2009	XXX	XXX	XXX	XXX	XXX	1,239	1,038	653	248	201
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	1,803	657	216	286
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,283	2,176	493
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,933	877
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,199

SCHEDULE P - PART 4G

SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

NONE

1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX						
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4H - SECTION 1

OTHER LIABILITY - OCCURRENCE

NONE

1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX						
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4H - SECTION 2

OTHER LIABILITY - CLAIMS MADE

NONE

1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX						
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

69 Schedule P - Part 4I - Special Property (Fire, Ald. Lines, Inld Mar.) . . . . NONE

69 Schedule P - Part 4J - Auto Physical Damage . . . . NONE

69 Schedule P - Part 4K - Fidelity/Surety . . . . NONE

69 Schedule P - Part 4L - Other (Incl. Credit, Accident and Health) . . . . NONE

69 Schedule P - Part 4M - International . . . . NONE

70 Schedule P - Part 4N - Reins. Nonproportional Assumed Property . . . . NONE

70 Schedule P - Part 4O - Reins. Nonproportional Assumed Liability . . . . NONE

70 Schedule P - Part 4P - Reins. Nonproportional Assumed Financial Lines . . . . . NONE

71 Schedule P - Part 4R Sn 1 - Products Liability - Occurrence . . . . NONE

71 Schedule P - Part 4R Sn 2 - Products Liability - Claims-Made . . . . NONE

71 Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty . . . . NONE

71 Schedule P - Part 4T - Warranty . . . . NONE

72 Schedule P - Part 5A - Homeowners/Farmowners - Sn 1 . . . . NONE

72 Schedule P - Part 5A - Homeowners/Farmowners - Sn 2 . . . . NONE

72 Schedule P - Part 5A - Homeowners/Farmowners - Sn 3 . . . . NONE

73 Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Sn 1 . . . . NONE

73 Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Sn 2 . . . . NONE

73 Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Sn 3 . . . . NONE

74 Schedule P - Part 5C - Comm. Auto/Truck Liability/Medical - Sn 1 . . . . NONE

74 Schedule P - Part 5C - Comm. Auto/Truck Liability/Medical - Sn 2 . . . . NONE

74 Schedule P - Part 5C - Comm. Auto/Truck Liability/Medical - Sn 3 . . . . NONE

75 Schedule P - Part 5D - Workers' Compen. (Excl. Excess Workers' Comp.) -Sn 1 NONE

75 Schedule P - Part 5D - Workers' Compen. (Excl. Excess Workers' Comp.) -Sn 2 NONE

75 Schedule P - Part 5D - Workers' Compen. (Excl. Excess Workers' Comp.) -Sn 3 NONE

76 Schedule P - Part 5E - Commercial Multiple Peril - Sn 1 . . . . NONE

76 Schedule P - Part 5E - Commercial Multiple Peril - Sn 2 . . . . NONE

76 Schedule P - Part 5E - Commercial Multiple Peril - Sn 3 . . . . NONE

SCHEDULE P - PART 5F

MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

SCHEDULE P - PART 5F

MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX					1	1	1	1
5. 2007	XXX	XXX	XXX				2	2	2	2
6. 2008	XXX	XXX	XXX	XXX			1	1	1	1
7. 2009	XXX	XXX	XXX	XXX	XXX		1	3	6	7
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX		1	4	5
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX					1	1	1	
5. 2007	XXX	XXX	XXX				3	2	2	
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX		19	11	7	6
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	25	13	4	2
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	9	6
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24	17
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013
1. Prior										
2. 2004										
3. 2005	XXX						3	3	3	3
4. 2006	XXX	XXX					18	18	18	18
5. 2007	XXX	XXX	XXX				22	22	22	22
6. 2008	XXX	XXX	XXX	XXX			20	20	20	20
7. 2009	XXX	XXX	XXX	XXX	XXX		39	39	39	39
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	38	38	38	38
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	28	28
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33	34
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25

SCHEDULE P INTERROGATORIES

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

1.1 Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions: Yes[X] No[ ]

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? $ 300,000

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes[X] No[ ] N/A[ ]

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes[ ] No[X] N/A[ ]

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes[X] No[ ] N/A[ ]

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in which premiums were earned and losses were incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid 1 Section 1: Occurrence	 2 Section 2: Claims-Made
1.601 Prior		
1.602 2004		
1.603 2005		
1.604 2006		
1.605 2007		
1.606 2008		
1.607 2009		
1.608 2010		
1.609 2011		
1.610 2012		
1.611 2013		
1.612 TOTALS		

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

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

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

5. What were the net premiums in force at the end of the year for: (in thousands of dollars)
5.1 Fidelity $ 0
5.2 Surety $ 0

6. Claim count information is reported per claim or per claimant (Indicate which).
6.1 per claim ✓
6.2 per claimant
If not the same in all years, explain in Interrogatory 7.

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

7.2 An extended statement may be attached.

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

96 Schedule Y - Part 1 . . . . NONE

97 Schedule Y - Part 1A . . . . NONE

98 Schedule Y - Part 2 . . . . NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	Response
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
1. Will an actuarial opinion be filed by March 1?	Yes
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	Yes
APRIL FILING	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	Yes
6. Will Management's Discussion and Analysis be filed by April 1?	Yes
7. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	Yes
MAY FILING	
8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	See Explanation
JUNE FILING	
9. Will an audited financial report be filed by June 1?	Yes
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes
AUGUST FILING	
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	Yes
The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	No
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	Yes
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	No
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	No
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	No
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
20. Will the Confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	Yes
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	Yes
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	No
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	No
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
APRIL FILING	
28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	No
29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	No
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	No
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile AND the NAIC by April 1?	No
AUGUST FILING	
33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	No

Explanations:

8. Not Applicable

Bar Codes:

Schedule SIS

12233201342000000 2013 Document Code: 420

Financial Guaranty Insurance Exhibit

12233201324000000 2013 Document Code: 240

Medicare Supplement Insurance Experience Exhibit

12233201336000000 2013 Document Code: 360

Trusteed Surplus Statement

12233201349000000 2013 Document Code: 490

Premiums Attributed to Protected Cells Exhibit

12233201338500000 2013 Document Code: 385

Reinsurance Summary Supplemental Filing

12233201340100000 2013 Document Code: 401

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Medicare Part D Coverage Supplement
12233201336500000 2013 Document Code: 365

Exceptions to the Reinsurance Attestation Supplement
12233201340000000 2013 Document Code: 400

Bail Bond Supplement
12233201350000000 2013 Document Code: 500

Director and Officer Supplement
12233201350500000 2013 Document Code: 505

Approval for Relief related to five-year rotation for lead Audit Partner
12233201322400000 2013 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA
12233201322500000 2013 Document Code: 225

Approval for Relief related to Require. for Audit Committees
12233201322600000 2013 Document Code: 226

Credit Insurance Exhibit
12233201323000000 2013 Document Code: 230

LTC Supplemental Interrogatorries
12233201330600000 2013 Document Code: 306

Accident and Health Policy Experience Exhibit
12233201321000000 2013 Document Code: 210

Supplemental Health Care Exhibit
12233201321600000 2013 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report
12233201321700000 2013 Document Code: 217

Management's Report of Internal Control over Financial Reporting
12233201322300000 2013 Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

12233201345500100 2013 Document Code: 455

Designate the type of health care providers reported on this page:
Physicians, including surgeons and osteopaths

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

	States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid 3 Amount	Direct Losses Paid 4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	Direct Losses Unpaid 7 Number of Claims	8 Direct Losses Incurred but not Reported
1.	Alabama (AL)								
2.	Alaska (AK)								
3.	Arizona (AZ)								
4.	Arkansas (AR)								
5.	California (CA)								
6.	Colorado (CO)								
7.	Connecticut (CT)								
8.	Delaware (DE)								
9.	District of Columbia (DC)								
10.	Florida (FL)								
11.	Georgia (GA)								
12.	Hawaii (HI)								
13.	Idaho (ID)								
14.	Illinois (IL)								
15.	Indiana (IN)								
16.	Iowa (IA)								
17.	Kansas (KS)								
18.	Kentucky (KY)								
19.	Louisiana (LA)								
20.	Maine (ME)								
21.	Maryland (MD)								
22.	Massachusetts (MA)								
23.	Michigan (MI)								
24.	Minnesota (MN)								
25.	Mississippi (MS)								
26.	Missouri (MO)								
27.	Montana (MT)								
28.	Nebraska (NE)								
29.	Nevada (NV)								
30.	New Hampshire (NH)								
31.	New Jersey (NJ)								
32.	New Mexico (NM)								
33.	New York (NY)								
34.	North Carolina (NC)								
35.	North Dakota (ND)								
36.	Ohio (OH)	5,951,283	5,715,501	217,448	2	1,788,374	4,761,000	55	2,591,711
37.	Oklahoma (OK)								
38.	Oregon (OR)								
39.	Pennsylvania (PA)								
40.	Rhode Island (RI)								
41.	South Carolina (SC)								
42.	South Dakota (SD)								
43.	Tennessee (TN)								
44.	Texas (TX)								
45.	Utah (UT)								
46.	Vermont (VT)								
47.	Virginia (VA)								
48.	Washington (WA)								
49.	West Virginia (WV)								
50.	Wisconsin (WI)								
51.	Wyoming (WY)								
52.	American Samoa (AS)								
53.	Guam (GU)								
54.	Puerto Rico (PR)								
55.	U.S. Virgin Islands (VI)								
56.	Northern Mariana Islands (MP)								
57.	Canada (CAN)								
58.	Aggregate other alien (OT)								
59.	TOTALS	5,951,283	5,715,501	217,448	2	1,788,374	4,761,000	55	2,591,711
DETAILS OF WRITE-INS									
5801.									
5802.									
5803.									
5898.	Summary of remaining write-ins for Line 58 from overflow page								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)								

Supp36 Supplement A To Schedule T - Hospitals . . . . NONE

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

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

INDEX TO PROPERTY & CASUALTY ANNUAL STATEMENT

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