



12233201420100102

2014

Document Code: 201

QUARTERLY STATEMENT

AS OF JUNE 30, 2014

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	1900 Polaris Parkway, Suite 450 (Street and Number)		Columbus, OH, US 43240-4064 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1250 South Pine Island Road, Suite 300 Plantation, FL, 33324-4402 (Street and Number)		1250 South Pine Island Road, Suite 300 (Street and Number)		(866)484-5715	
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)		(Area Code) (Telephone Number)	
Primary Location of Books and Records	1250 South Pine Island Road, Suite 300 Plantation, FL, 33324-4402 (Street and Number)		1250 South Pine Island Road, Suite 300 (Street and Number)		(866)484-5715	
Internet Web Site Address	www.hugroupoh.com		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Statutory Statement Contact	Thomas William Mueller, CPA, CGMA tmueller@HUGroups.com (Name) (E-Mail Address)		(866)484-5716 (Area Code)(Telephone Number)(Extension) (877)895-0996 (Fax Number)			

OFFICERS

Name	Title
Howard Irwin Dickey-White MD	President
John Michael Surso MD	Chairperson
Christopher Boshkos MD	Secretary
Joseph James Zigray CPA	Treasurer
Joshua Marc Salman	Chief Executive Officer
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

OTHERS

Thomas William Mueller CPA, CGMA, VP Finance, Controller & Assistant Secretary #

DIRECTORS OR TRUSTEES

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

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

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

(Signature)
David Wayne Lester, CPA, CGMA
(Printed Name)
3.
VP-CFO & Assistant Treasurer
(Title)

Subscribed and sworn to before me this
day of , 2014

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

Yes[X] No[]

(Notary Public Signature)

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	23,819,072		23,819,072	24,800,245
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	1,322,130		1,322,130	
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 (\$.....(45,724)), cash equivalents (\$.....284,100) and short-term investments (\$.....1,552,772)	1,791,148		1,791,148	3,374,773
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	26,932,350		26,932,350	28,175,018
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	162,204		162,204	158,358
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				192,313
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	128,475		128,475	118,449
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	324,637		324,637	105,522
18.2 Net deferred tax asset	626,895	53,658	573,237	745,547
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	7,597	7,597		
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	448,115		448,115	
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	550,893	550,893		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	29,181,166	612,148	28,569,018	29,495,207
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	29,181,166	612,148	28,569,018	29,495,207
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. Prepaid Management Fees	530,556	530,556		
2502. Other Prepaid Expenses	20,337	20,337		
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	550,893	550,893		

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31, Prior Year
1.	Losses (current accident year \$.....629,258)	7,018,284	6,765,275
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses	4,528,181	4,415,381
4.	Commissions payable, contingent commissions and other similar charges	4,464	45,359
5.	Other expenses (excluding taxes, licenses and fees)	156,155	294,344
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	37,000	83,317
7.1	Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses))		
7.2	Net deferred tax liability		
8.	Borrowed money \$.....0 and interest thereon \$.....0		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....311,921 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act)	2,306,502	2,610,951
10.	Advance premium	362,748	906,353
11.	Dividends declared and unpaid:		
11.1	Stockholders		
11.2	Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$.....0 certified)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		337,484
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$.....0 and interest thereon \$.....0		
25.	Aggregate write-ins for liabilities		
26.	TOTAL liabilities excluding protected cell liabilities (Lines 1 through 25)	14,413,334	15,458,464
27.	Protected cell liabilities		
28.	TOTAL liabilities (Lines 26 and 27)	14,413,334	15,458,464
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock		
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus	10,925,275	10,925,275
35.	Unassigned funds (surplus)	3,230,409	3,111,468
36.	Less treasury stock, at cost:		
36.1	.....0 shares common (value included in Line 30 \$.....0)		
36.2	.....0 shares preferred (value included in Line 31 \$.....0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	14,155,684	14,036,743
38.	TOTALS (Page 2, Line 28, Col. 3)	28,569,018	29,495,207
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 \$.....2,642,921)	3,017,753	2,786,994	5,715,501
1.2	Assumed (written \$.....0)			
1.3	Ceded (written \$.....369,996)	440,379	407,440	31,371
1.4	Net (written \$.....2,272,925)	2,577,374	2,379,554	5,684,130
DEDUCTIONS:				
2.	Losses incurred (current accident year \$.....629,258)			
2.1	Direct	607,465	676,861	1,788,374
2.2	Assumed			
2.3	Ceded	103,207	95,489	(76,852)
2.4	Net	504,258	581,372	1,865,226
3.	Loss adjustment expenses incurred	1,192,205	1,216,999	1,681,639
4.	Other underwriting expenses incurred	1,234,865	1,006,782	2,841,938
5.	Aggregate write-ins for underwriting deductions			
6.	TOTAL underwriting deductions (Lines 2 through 5)	2,931,328	2,805,153	6,388,803
7.	Net income of protected cells			
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(353,954)	(425,599)	(704,673)
INVESTMENT INCOME				
9.	Net investment income earned	296,220	350,409	612,394
10.	Net realized capital gains (losses) less capital gains tax of \$.....0	9,265	20,147	78,208
11.	Net investment gain (loss) (Lines 9 + 10)	305,485	370,556	690,602
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			
15.	TOTAL other income (Lines 12 through 14)			
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(48,469)	(55,043)	(14,071)
17.	Dividends to policyholders			(382)
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)	(48,469)	(55,043)	(13,689)
19.	Federal and foreign income taxes incurred	(150,115)	(120,825)	(30,329)
20.	Net income (Line 18 minus Line 19) (to Line 22)	101,646	65,782	16,640
CAPITAL AND SURPLUS ACCOUNT				
21.	Surplus as regards policyholders, December 31 prior year	14,036,743	13,972,651	13,972,651
22.	Net income (from Line 20)	101,646	65,782	16,640
23.	Net transfers (to) or from Protected Cell accounts			
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0	81,207		
25.	Change in net unrealized foreign exchange capital gain (loss)			
26.	Change in net deferred income tax	(155,334)	(121,677)	15,544
27.	Change in nonadmitted assets	91,422	92,580	12,136
28.	Change in provision for reinsurance			
29.	Change in surplus notes			
30.	Surplus (contributed to) withdrawn from Protected cells			
31.	Cumulative effect of changes in accounting principles			
32.	Capital changes:			
32.1	Paid in			
32.2	Transferred from surplus (Stock Dividend)			
32.3	Transferred to surplus			
33.	Surplus adjustments:			
33.1	Paid in			19,772
33.2	Transferred to capital (Stock Dividend)			
33.3	Transferred from capital			
34.	Net remittances from or (to) Home Office			
35.	Dividends to stockholders			
36.	Change in treasury stock			
37.	Aggregate write-ins for gains and losses in surplus			
38.	Change in surplus as regards policyholders (Lines 22 through 37)	118,941	36,685	64,092
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	14,155,684	14,009,336	14,036,743
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.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
3701.				
3702.				
3703.				
3798.	Summary of remaining write-ins for Line 37 from overflow page			
3799.	TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)			

STATEMENT AS OF **June 30, 2014** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	1,921,633	2,423,906	5,997,108
2.	Net investment income	331,156	375,932	724,743
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	2,252,789	2,799,838	6,721,851
5.	Benefit and loss related payments	251,249	(57,551)	217,448
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	2,446,904	1,637,055	4,563,620
8.	Dividends paid to policyholders			(382)
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	69,000	285,000	285,000
10.	TOTAL (Lines 5 through 9)	2,767,153	1,864,504	5,065,686
11.	Net cash from operations (Line 4 minus Line 10)	(514,364)	935,334	1,656,165
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	2,060,003	4,651,705	10,384,844
12.2	Stocks	939,570		
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			
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	2,999,573	4,651,705	10,384,844
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	1,115,897	2,065,929	10,120,824
13.2	Stocks	2,172,944		
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications	1		
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	3,288,842	2,065,929	10,120,824
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)	(289,269)	2,585,776	264,020
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			19,772
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	(779,992)	(745,302)	(94,050)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(779,992)	(745,302)	(74,278)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(1,583,625)	2,775,808	1,845,907
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	3,374,773	1,528,865	1,528,865
19.2	End of period (Line 18 plus Line 19.1)	1,791,148	4,304,673	3,374,773

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

20.0001			
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STATEMENT AS OF **June 30, 2014** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
Notes to Financial Statement

1 Summary of Significant Accounting Policies

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

B. & C. - No change.

2 Accounting Changes and Corrections of Errors - No change.

3 Business Combinations and Goodwill - No change.

4 Discontinued Operations - No change.

5 Investments

A. Mortgage Loans - No change.

B. Debt Restructuring - No change.

C. Reverse Mortgages - No change.

D. Loan-Backed Securities

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

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

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

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

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$	-
2. 12 Months or Longer	\$	70,382

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

1. Less than 12 Months	\$	-
2. 12 Months or Longer	\$	2,200,488

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

E. Repurchase Agreements and/or Securities Lending Transactions

(1) - (2) No change.

(3) a. No change.

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

(3) c. No change.

(4) - (5) No change.

F. Real Estate - No change.

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

H. Restricted Assets - The Company has no restricted assets.

I. Working Capital Finance Investments - No change.

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

7 Investment Income - No change.

8 Derivative Instruments - No change.

9 Income Taxes - No change.

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

11 Debt - No change.

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

A. Defined Benefit Plan

(1) - (5) - No change.

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

(7) - (19) - No change.

STATEMENT AS OF **June 30, 2014** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
Notes to Financial Statement

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

14 Contingencies - No change.

15 Leases - No change.

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

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

A. Transfers of Receivables Reported as Sales - No change

B. Transfer and Servicing of Financial Assets

(1) - No change.

(2) a. - No change.

(2) b. - Since the Company has no servicing assets and servicing liabilities, there are no contractually specified servicing fees.

(3) - No change.

(4) a. - Since the Company has no securitizations, asset-backed financing arrangements and similar transfers accounted for as sales when then transferor has continuing involvement with the transferred financial assets, this section is not applicable.

(4) b. - Since the Company has no securitizations, asset-backed financing arrangements and similar transfers accounted for as sales when then transferor has continuing involvement with the transferred financial assets, this section is not applicable.

(4) c. - d. - No change.

(5) - (6) - No change.

C. Wash Sales - The Company has no wash sales.

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

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

20 Fair Value Measurements

A. The Company's estimates of fair value for financial assets and financial liabilities are based on the framework established in the Fair Value Measurements and Disclosures accounting guidance. The framework is based on the inputs used in valuation and requires that observable inputs be used in the valuations when available. The disclosure of fair value estimates in the fair value accounting guidance includes a hierarchy based on whether significant valuation inputs are observable. In determining the level of the hierarchy in which the estimate is disclosed, the highest priority is given to unadjusted quoted prices in active markets and the lowest priority to unobservable inputs that reflect HU's significant market assumptions. The only assets and liabilities measured and reported at fair value are common stocks. The three levels of the hierarchy are as follows:

Level 1 - Quoted prices in active markets for identical securities.

Level 2 - Quoted prices in active markets for similar securities.

Level 3 - Inputs to the valuation methodology are unobservable for the asset or liability and are significant to the fair value measurement.

(1) Fair Value Measurements at June 30, 2014:

	(Level 1)	(Level 2)	(Level 3)	Total
Assets at fair value:				
Common Stocks - Industrial and Misc	\$ 1,322,130	\$ -	\$ -	\$ 1,322,130

B. Combination of fair value information disclosed under SSAP No. 100, Fair Value Measurements, with the fair value information disclosed under other accounting pronouncements - Not applicable.

C. Aggregate value and level of hierarchy:

Type of Financial Instrument:	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Common Stocks	\$ 1,322,130	\$ 1,322,130	\$ 1,322,130	\$ -	\$ -	\$ -

D. Not Practicable to Estimate Fair Value - Not applicable.

21 Other Items - No change.

22 Events Subsequent - Subsequent events have been considered through August 13, 2014 for the quarterly statutory statement issued on August 14, 2014. There have been no material recognized or nonrecognized subsequent events.

23 Reinsurance - No change.

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

25 Change in Incurred Losses and Loss Adjustment Expenses

Net reserves for losses and loss adjustment expenses as of June 30, 2014 related to insured events of prior years were decreased by \$250,000 during the quarter as a result of re-estimation of unpaid claims. Management determined to decrease prior year reserves based in part on advice received from its independent consulting actuary. No return premiums have been accrued as a result of the prior-year effects.

STATEMENT AS OF **June 30, 2014** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
Notes to Financial Statement

- 26 Intercompany Pooling Arrangements - No change.
- 27 Structured Settlements - No change.
- 28 Health Care Receivables - No change.
- 29 Participating Policies - No change.
- 30 Premium Deficiency Reserves - No change.
- 31 High Deductibles - No change.
- 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses - No change.
- 33 Asbestos/Environmental Reserves - No change.
- 34 Subscriber Savings Accounts - No change.
- 35 Multi Peril Crop Insurance - No change.
- 36 Financial Guaranty Insurance
 - A. - No change
 - B. (1) - (9) - Since the Company writes no financial guaranty insurance, these sections are not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No[X]

3.2 If yes, complete Schedule Y, Parts 1 and 1A. Yes [] No[X]

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

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. 11/30/2013

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. 11/30/2013

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). 01/30/2014

6.4 By what department or departments?
Ohio Department of Insurance

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

6.6 Have all of the recommendations within the latest financial examination report been complied with?

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[X] No[]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

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

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

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

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

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds
14.22 Preferred Stock
14.23 Common Stock
14.24 Short-Term Investments
14.25 Mortgages Loans on Real Estate
14.26 All Other
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

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

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

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

\$..... 0

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

\$..... 0

16.3 Total payable for securities lending reported on the liability page

\$..... 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

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

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

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

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

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

Yes[] No[X]

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

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

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
151829	PNC Capital Advisors, LLC	1900 E 9th Street, Cleveland, OH 44114

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

Yes[X] No[]

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes No N/A X
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes No X
If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes No X
3.2 If yes, give full and complete information thereto

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves"), discounted at a rate of interest greater than zero? Yes No X
4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 TOTAL
04.2999 Total

5. Operating Percentages:

5.1 A&H loss percent	..... 0.000%
5.2 A&H cost containment percent	..... 0.000%
5.3 A&H expense percent excluding cost containment expenses	..... 0.000%

6.1 Do you act as a custodian for health savings accounts? Yes No X
6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0
6.3 Do you act as an administrator for health savings accounts? Yes No X
6.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0

SCHEDULE F - CEDED REINSURANCE

Showing all new reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
			N O N E			

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

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama (AL)	N						
2. Alaska (AK)	N						
3. Arizona (AZ)	N						
4. Arkansas (AR)	N						
5. California (CA)	N						
6. Colorado (CO)	N						
7. Connecticut (CT)	N						
8. Delaware (DE)	N						
9. District of Columbia (DC)	N						
10. Florida (FL)	N						
11. Georgia (GA)	N						
12. Hawaii (HI)	N						
13. Idaho (ID)	N						
14. Illinois (IL)	N						
15. Indiana (IN)	N						
16. Iowa (IA)	N						
17. Kansas (KS)	N						
18. Kentucky (KY)	N						
19. Louisiana (LA)	N						
20. Maine (ME)	N						
21. Maryland (MD)	N						
22. Massachusetts (MA)	N						
23. Michigan (MI)	N						
24. Minnesota (MN)	N						
25. Mississippi (MS)	N						
26. Missouri (MO)	N						
27. Montana (MT)	N						
28. Nebraska (NE)	N						
29. Nevada (NV)	N						
30. New Hampshire (NH)	N						
31. New Jersey (NJ)	N						
32. New Mexico (NM)	N						
33. New York (NY)	N						
34. North Carolina (NC)	N						
35. North Dakota (ND)	N						
36. Ohio (OH)	L	2,642,921	2,630,858	275,000	(57,551)	7,685,176	6,516,197
37. Oklahoma (OK)	N						
38. Oregon (OR)	N						
39. Pennsylvania (PA)	N						
40. Rhode Island (RI)	N						
41. South Carolina (SC)	N						
42. South Dakota (SD)	N						
43. Tennessee (TN)	N						
44. Texas (TX)	N						
45. Utah (UT)	N						
46. Vermont (VT)	N						
47. Virginia (VA)	N						
48. Washington (WA)	N						
49. West Virginia (WV)	N						
50. Wisconsin (WI)	N						
51. Wyoming (WY)	N						
52. American Samoa (AS)	N						
53. Guam (GU)	N						
54. Puerto Rico (PR)	N						
55. U.S. Virgin Islands (VI)	N						
56. Northern Mariana Islands (MP)	N						
57. Canada (CAN)	N						
58. Aggregate other alien (OT)	XXX						
59. Totals	(a) 1	2,642,921	2,630,858	275,000	(57,551)	7,685,176	6,516,197
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.

11 Schedule Y Part 1 **NONE**

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

STATEMENT AS OF **June 30, 2014** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire				
2. Allied lines				
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril				
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine				
10. Financial guaranty				
11.1 Medical professional liability - occurrence	260,776	61,116	23.436	23.436
11.2 Medical professional liability - claims made	2,756,977	546,349	19.817	24.354
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	3,017,753	607,465	20.130	24.286
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	82,606	260,776	203,897
11.2 Medical professional liability - claims made	1,044,657	2,382,145	2,426,961
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1 Other liability - occurrence			
17.2 Other liability - claims made			
17.3 Excess Workers' Compensation			
18.1 Products liability - occurrence			
18.2 Products liability - claims made			
19.1 19.2 Private passenger auto liability			
19.3 19.4 Commercial auto liability			
21. Auto physical damage			
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft			
27. Boiler and machinery			
28. Credit			
29. International			
30. Warranty			
31. Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business			
35. TOTALS	1,127,263	2,642,921	2,630,858
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 2014 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2014 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2014 Loss and LAE Payments (Cols. 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	9	10 Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2011 + Prior	1,824	1,301	3,125	606		606	1,428			1,091	2,519	210	(210)
2. 2012	1,551	1,241	2,792	317		317	1,264			1,086	2,350	30	(155)
3. Subtotals 2012 + Prior	3,375	2,542	5,917	923		923	2,692			2,177	4,869	240	(365)
4. 2013	2,586	2,678	5,264	341		341	2,486			2,312	4,798	241	(366)
5. Subtotals 2013 + Prior	5,961	5,220	11,181	1,264		1,264	5,178			4,489	9,667	481	(731)
6. 2014	XXX	XXX	XXX	XXX	67	67	XXX	1,040	839	1,879	XXX	XXX	XXX
7. Totals	5,961	5,220	11,181	1,264	67	1,331	5,178	1,040	5,328	11,546	481	(731)	(250)
											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	14,037										1..... 8,069	2..... (14,004)	3..... (2,236)
													Col. 13, Line 7 Line 8
													4..... (1.781)

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

RESPONSES

No
Yes
No
No

Explanations:

Bar Codes:

Trusted Surplus Statement



2014

Document Code: 490

Medicare Part D Coverage Supplement



2014

Document Code: 365

Director and Officer Supplement



12233201450500002

2014

Document Code: 505

STATEMENT AS OF **June 30, 2014** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **June 30, 2014** OF THE **HEALTHCARE UNDERWRITERS GROUP MUTUAL OF OHIO**
SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	24,800,245	25,047,585
2. Cost of bonds and stocks acquired	3,288,841	10,120,824
3. Accrual of discount	5,787	10,443
4. Unrealized valuation increase (decrease)	81,206	.....
5. Total gain (loss) on disposals	9,265	118,497
6. Deduct consideration for bonds and stocks disposed of	2,999,573	10,384,844
7. Deduct amortization of premium	44,569	112,260
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)	25,141,202	24,800,245
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11)	25,141,202	24,800,245

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	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. NAIC 1 (a)	24,671,047	134,973	2,078,709	(18,850)	24,671,047	22,708,461	.....	24,398,017
2. NAIC 2 (a)	2,663,383	.....	.....	.....	2,663,383	2,663,383	.....	2,564,191
3. NAIC 3 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
4. NAIC 4 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
5. NAIC 5 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
6. NAIC 6 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
7. Total Bonds	27,334,430	134,973	2,078,709	(18,850)	27,334,430	25,371,844	.....	26,962,208
PREFERRED STOCK								
8. NAIC 1 .....	.....	.....	.....	.....	.....	.....	.....	.....
9. NAIC 2 .....	.....	.....	.....	.....	.....	.....	.....	.....
10. NAIC 3 .....	.....	.....	.....	.....	.....	.....	.....	.....
11. NAIC 4 .....	.....	.....	.....	.....	.....	.....	.....	.....
12. NAIC 5 .....	.....	.....	.....	.....	.....	.....	.....	.....
13. NAIC 6 .....	.....	.....	.....	.....	.....	.....	.....	.....
14. Total Preferred Stock .....	.....	.....	.....	.....	.....	.....	.....	.....
15. Total Bonds & Preferred Stock	27,334,430	134,973	2,078,709	(18,850)	27,334,430	25,371,844	.....	26,962,208

(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	1,552,772	XXX	1,552,772	96	

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	2,161,963	806,782
2. Cost of short-term investments acquired	1,516,742	7,362,358
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	2,125,933	6,007,177
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)	1,552,772	2,161,963
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,552,772	2,161,963

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

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

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

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

SI07 Schedule DB - Verification **NONE**

SCHEDULE E - Verification
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	1,264,901	711,479
2. Cost of cash equivalents acquired	2,654,433	7,035,488
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	3,635,234	6,482,066
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)	284,100	1,264,901
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	284,100	1,264,901

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 - Industrial and Miscellaneous (Unaffiliated)									
92867RAC3	Volkswagen Auto Loan Enhanced		04/23/2014	Chase Securities Inc	XXX	134,973	135,000		1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	134,973	135,000		XXX
8399997 Subtotal - Bonds - Part 3					XXX	134,973	135,000		XXX
8399999 Subtotal - Bonds					XXX	134,973	135,000		XXX
Common Stocks - Industrial and Miscellaneous (Unaffiliated)									
502424104	L3 Communications Hldgs Inc		04/02/2014	Morgan Stanley	100,000	11,993	XXX		L
09253U108	Blackstone Group		04/02/2014	UBS Securities LLC	355,000	11,830	XXX		L
H0023R105	ACE Limited		05/23/2014	JP Morgan Securities Inc	70,000	7,200	XXX		L
718172109	Philip Morris International		05/23/2014	JP Morgan Securities Inc	230,000	19,952	XXX		L
17275R102	Cisco Systems Inc		06/11/2014	Keefe Bruyette and Woods Inc	230,000	5,768	XXX		L
40414L109	HCP Inc		06/11/2014	Investment Technology Group	320,000	13,260	XXX		L
723484101	Pinnacle West Capital Corp		04/17/2014	Barclays Capital LE	85,000	4,759	XXX		L
G3157S106	Enscos PLC Class A		04/17/2014	MKM Partners	95,000	4,728	XXX		L
031162100	Amgen Inc		05/07/2014	ISI Group Inc	55,000	6,147	XXX		L
20825C104	Conocophillips		05/07/2014	ISI Group Inc	60,000	4,675	XXX		L
9099999 Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					XXX	90,312	XXX		XXX
9799997 Subtotal - Common Stocks - Part 3					XXX	90,312	XXX		XXX
9799999 Subtotal - Common Stocks					XXX	90,312	XXX		XXX
9899999 Subtotal - Preferred and Common Stocks					XXX	90,312	XXX		XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	225,285	XXX		XXX

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

SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B/A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B/A.C.V.								
912828TA8	USA Treasury Notes		06/30/2014	Matured	XXX	1,000,000	1,000,000	1,000,937	1,000,465		(469)		(469)		1,000,000				1,250	06/30/2014	1	
31359MUT8	FNMA		04/15/2014	Matured	XXX	500,000	500,000	524,622	501,467		(1,467)		(1,467)		500,000				10,313	04/15/2014	1FE	
31416WL91	FNMA Pool #AB1251		06/25/2014	Called	XXX	12,982	12,982	12,982	12,982						12,982					07/01/2040	1FE	
31402RP29	FNMA Pool #735841		06/25/2014	Called	XXX	19,274	19,274	19,274	19,274						19,274					11/01/2019	1FE	
31416BTH1	FNMA Pool #995252		06/25/2014	Called	XXX	1,983	1,983	1,983	1,983						1,983					12/01/2023	1FE	
31417TNK0	FNMA Pool #AC6693		06/25/2014	Called	XXX	4,484	4,484	4,484	4,484						4,484					01/01/2040	1FE	
31417V2Y2	FNMA Pool #MA0790		06/25/2014	Called	XXX	13,161	13,161	13,161	13,161						13,161					06/01/2041	1FE	
31416XBP4	FNMA Pool #AB1845		06/25/2014	Called	XXX	7,580	7,580	7,580	7,580						7,580					11/01/2040	1FE	
31417YQQ3	FNMA Pool #MA0462		06/25/2014	Called	XXX	11,043	11,043	11,043	11,043						11,043					07/01/2025	1FE	
31418VUT7	FNMA Pool #AD7793		06/25/2014	Called	XXX	10,515	10,515	10,515	10,515						10,515					07/01/2040	1FE	
31419FW1	FNMA Pool #AE4680		06/25/2014	Called	XXX	4,165	4,165	4,165	4,165						4,165					11/01/2040	1FE	
3138E1K48	FNMA Pool #AJ8414		06/25/2014	Called	XXX	11,536	11,536	11,536	11,536						11,536					02/01/2042	1FE	
3138E2GH2	FNMA Pool #AJ9199		06/25/2014	Called	XXX	3,891	3,891	3,891	3,891						3,891					01/01/2042	1FE	
0599999 Subtotal - Bonds - U.S. Governments					XXX	1,600,614	1,600,614	1,626,173	1,602,546		(1,936)		(1,936)		1,600,614					11,563	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																						
98158KAD1	World Omni Auto		04/15/2014	Called	XXX	14,952	14,952	15,280	15,145		(28)		(28)		15,117					95	04/15/2016	1FE
459200GU9	IBM Corp		05/20/2014	Sold	XXX	102,564	100,000	99,678	99,872		26		26		99,899					2,665	05/20/2014	1FE
98158KAD1	World Omni Auto		05/15/2014	Called	XXX	14,275	14,275	14,588	14,459		(33)		(33)		14,426					114	04/15/2016	1FE
98158KAD1	World Omni Auto		06/15/2014	Called	XXX	14,682	14,682	15,003	14,870		(41)		(41)		14,829					141	04/15/2016	1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	146,473	143,909	144,549	144,346		(76)		(76)		144,271					2,117	XXX	XXX
8399997 Subtotal - Bonds - Part 4					XXX	1,747,087	1,744,523	1,770,722	1,746,892		(2,012)		(2,012)		1,744,885					2,202	13,680	XXX
8399999 Subtotal - Bonds					XXX	1,747,087	1,744,523	1,770,722	1,746,892		(2,012)		(2,012)		1,744,885					2,202	13,680	XXX
Common Stocks - Industrial and Miscellaneous (Unaffiliated)																						
911312106	United Parcel Service Cl B		04/02/2014	Citigroup Global Mkts Inc	100,000	9,792	XXX	9,788								4	4				XXX	L
423452101	Helmerich & Payne Inc		05/07/2014	Keefe Bruyette and Woods Inc	180,000	19,494	XXX	16,792								2,702	2,702				XXX	L
881624209	TEVA Pharmaceutical Ind Ltd		04/02/2014	Investment Technology Group	125,000	6,664	XXX	5,736								928	928				XXX	L
976657106	Wisconsin Energy Corp		04/17/2014	UBS Securities LLC	110,000	5,244	XXX	4,771								474	474				XXX	L
293792107	Enterprise Prods Partners LP		04/17/2014	Sanford C. Bernstein and Co.	65,000	4,733	XXX	4,299								435	435				XXX	L
219350105	Corning Inc		06/11/2014	Citigroup Global Mkts Inc	660,000	14,182	XXX	12,205								1,977	1,977				XXX	L
31620R105	Fidelity National Financial Inc		06/11/2014	JP Morgan Securities Inc	195,000	6,440	XXX	6,199								241	241				XXX	L
931422109	Walgreen Co		05/23/2014	JP Morgan Securities Inc	210,000	14,701	XXX	13,480								1,220	1,220				XXX	L
33582V108	First Niagara Finl Group Inc		05/23/2014	Citation Group Equity and Munis	1,385,000	11,927	XXX	12,981								(1,054)	(1,054)				XXX	L
9099999 Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					XXX	93,177	XXX	86,251								6,927	6,927				XXX	XXX
9799997 Subtotal - Common Stocks - Part 4					XXX	93,177	XXX	86,251								6,927	6,927				XXX	XXX
9799999 Subtotal - Common Stocks					XXX	93,177	XXX	86,251								6,927	6,927				XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX	93,177	XXX	86,251								6,927	6,927				XXX	XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	1,840,264	XXX	1,856,973	1,746,892		(2,012)		(2,012)		1,744,885					9,129	9,129	13,680

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

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			9 *
						6 First Month	7 Second Month	8 Third Month	
open depositories									
PNC Bank .....	.....	.....	.....	.....	.....	(156,246)	71,918	(45,724)	XXX
0199998 Deposits in .....0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories ..	XXX	XXX ..	.....	.....	.....	.....	.....	XXX
0199999 Totals - Open Depositories	XXX	XXX ..	.....	.....	.....	(156,246)	71,918	(45,724)	XXX
0299998 Deposits in .....0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories	XXX	XXX ..	.....	.....	.....	.....	.....	XXX
0299999 Totals - Suspended Depositories	XXX	XXX ..	.....	.....	.....	.....	.....	.....	XXX
0399999 Total Cash On Deposit	XXX	XXX ..	.....	.....	.....	(156,246)	71,918	(45,724)	XXX
0499999 Cash in Company's Office	XXX	XXX ..	XXX	XXX ..	.....	.....	.....	.....	XXX
0599999 Total Cash	XXX	XXX ..	.....	.....	.....	(156,246)	71,918	(45,724)	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
8399999 Subtotals - Bonds							
Sweep Accounts							
PNC Premium Business Money Market			0.000		284,100		412
8499999 Sweep Accounts					284,100		412
8599999 Other Cash Equivalents							
8699999 Total - Cash Equivalents					284,100		412



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2014

Document Code: 455

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

Physicians, including surgeons and osteopaths

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama (AL)
2. Alaska (AK)
3. Arizona (AZ)
4. Arkansas (AR)
5. California (CA)
6. Colorado (CO)
7. Connecticut (CT)
8. Delaware (DE)
9. District of Columbia (DC)
10. Florida (FL)
11. Georgia (GA)
12. Hawaii (HI)
13. Idaho (ID)
14. Illinois (IL)
15. Indiana (IN)
16. Iowa (IA)
17. Kansas (KS)
18. Kentucky (KY)
19. Louisiana (LA)
20. Maine (ME)
21. Maryland (MD)
22. Massachusetts (MA)
23. Michigan (MI)
24. Minnesota (MN)
25. Mississippi (MS)
26. Missouri (MO)
27. Montana (MT)
28. Nebraska (NE)
29. Nevada (NV)
30. New Hampshire (NH)
31. New Jersey (NJ)
32. New Mexico (NM)
33. New York (NY)
34. North Carolina (NC)
35. North Dakota (ND)
36. Ohio (OH)	2,642,921	3,017,753	275,000	1	607,465	5,230,000	63	2,455,176
37. Oklahoma (OK)
38. Oregon (OR)
39. Pennsylvania (PA)
40. Rhode Island (RI)
41. South Carolina (SC)
42. South Dakota (SD)
43. Tennessee (TN)
44. Texas (TX)
45. Utah (UT)
46. Vermont (VT)
47. Virginia (VA)
48. Washington (WA)
49. West Virginia (WV)
50. Wisconsin (WI)
51. Wyoming (WY)
52. American Samoa (AS)
53. Guam (GU)
54. Puerto Rico (PR)
55. U.S. Virgin Islands (VI)
56. Northern Mariana Islands (MP)
57. Canada (CAN)
58. Aggregate other alien (OT)
59. Totals	2,642,921	3,017,753	275,000	1	607,465	5,230,000	63	2,455,176
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)

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

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

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

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