



# QUARTERLY STATEMENT AS OF SEPTEMBER 30, 2014 OF THE CONDITION AND AFFAIRS OF THE **OHIC Insurance Company**

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

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

Country of Domicile UNITED STATES OF AMERICA

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

Statutory Home Office 155 E BROAD STREET, 4TH FLOOR , COLUMBUS, OH, 43215-3614  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 185 GREENWOOD ROAD  
(Street and Number)

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

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

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

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

Internet Website Address www.thedoctors.com

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

statefilingOHIC@thedoctors.com (707)226-0180  
(E-Mail Address) (Fax Number)

### OFFICERS

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

### OTHERS

ROBERT DAVID FRANCIS, CHIEF OPERATING OFFICER	DARRELL BLAIR RANUM, REGIONAL VICE PRESIDENT
MICHAEL YACOB, SENIOR VICE PRESIDENT	DOUGLAS CHARLES WILL, VICE PRESIDENT
DOUGLAS WILLIAM BOLTZ, ASSISTANT VICE PRESIDENT	

### DIRECTORS OR TRUSTEES

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

State of California

County of NAPA ss

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

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2014, by Robert David Francis, proved to me on the basis of satisfactory evidence to be the person who appeared before me, and David Armand McHale, proved to me on the basis of satisfactory evidence to be the person who appeared before me, and David Gerard Preimesberger, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

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

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

\_\_\_\_\_  
 (Notary Public Signature)

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	98,545,284		98,545,284	96,695,277
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....755,719), cash equivalents (\$.....0) and short-term investments (\$.....1,633,763) .....	2,389,482		2,389,482	3,677,314
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				500,000
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	100,934,767		100,934,767	100,872,591
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	946,257		946,257	917,115
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	301,397		301,397	77,416
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				2,196,970
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				2,666,099
18.2 Net deferred tax asset .....	709,794	494,343	215,451	105,000
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$.....0) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....				700
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	102,892,215	494,343	102,397,872	106,835,890
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	102,892,215	494,343	102,397,872	106,835,890
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. Miscellaneous Assets .....				700
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....				700

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$.....0) .....	39,427,171	41,427,173
2. Reinsurance payable on paid losses and loss adjustment expenses .....		
3. Loss adjustment expenses .....	16,530,098	20,634,647
4. Commissions payable, contingent commissions and other similar charges .....		
5. Other expenses (excluding taxes, licenses and fees) .....	86,000	90,000
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....		
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)) .....	179,542	
7.2 Net deferred tax liability .....		
8. Borrowed money \$.....0 and interest thereon \$.....0 .....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act) .....		
10. Advance premium .....		
11. Dividends declared and unpaid:		
11.1 Stockholders .....		
11.2 Policyholders .....		
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	375,607	375,607
13. Funds held by company under reinsurance treaties .....		
14. Amounts withheld or retained by company for account of others .....	225	254
15. Remittances and items not allocated .....	12,083	12,083
16. Provision for reinsurance (including \$.....0 certified) .....	73,671	73,671
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....	316,001	513,713
20. Derivatives .....		
21. Payable for securities .....		
22. Payable for securities lending .....		
23. Liability for amounts held under uninsured plans .....		
24. Capital notes \$.....0 and interest thereon \$.....0 .....		
25. Aggregate write-ins for liabilities .....		
26. TOTAL liabilities excluding protected cell liabilities (Lines 1 through 25) .....	57,000,399	63,127,149
27. Protected cell liabilities .....		
28. TOTAL liabilities (Lines 26 and 27) .....	57,000,399	63,127,149
29. Aggregate write-ins for special surplus funds .....		
30. Common capital stock .....	3,591,990	3,591,990
31. Preferred capital stock .....		
32. Aggregate write-ins for other than special surplus funds .....		
33. Surplus notes .....		
34. Gross paid in and contributed surplus .....	78,000,000	78,000,000
35. Unassigned funds (surplus) .....	(36,194,517)	(37,883,249)
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) .....	45,397,473	43,708,741
38. TOTALS (Page 2, Line 28, Col. 3) .....	102,397,872	106,835,890
<b>DETAILS OF WRITE-INS</b>		
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
<b>UNDERWRITING INCOME</b>			
1. Premiums earned			
1.1 Direct (written \$.....0)			
1.2 Assumed (written \$.....0)			
1.3 Ceded (written \$.....0)			
1.4 Net (written \$.....0)			
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$.....0)			
2.1 Direct	(769,710)	(337,900)	6,057,100
2.2 Assumed			
2.3 Ceded	55,741	364,914	3,819,462
2.4 Net	(825,452)	(702,814)	2,237,638
3. Loss adjustment expenses incurred	110,999	(120,345)	4,319,812
4. Other underwriting expenses incurred	1,392,323	1,312,795	1,920,735
5. Aggregate write-ins for underwriting deductions			
6. TOTAL underwriting deductions (Lines 2 through 5)	677,871	489,636	8,478,185
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(677,871)	(489,636)	(8,478,185)
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	2,492,975	2,373,068	3,273,346
10. Net realized capital gains (losses) less capital gains tax of \$.....20,161	(37,442)	162,229	160,233
11. Net investment gain (loss) (Lines 9 + 10)	2,455,534	2,535,296	3,433,579
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	1,141	20	20
15. TOTAL other income (Lines 12 through 14)	1,141	20	20
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,778,803	2,045,680	(5,044,587)
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,778,803	2,045,680	(5,044,587)
19. Federal and foreign income taxes incurred	200,523	(160,090)	(2,959,652)
20. Net income (Line 18 minus Line 19) (to Line 22)	1,578,281	2,205,770	(2,084,934)
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	43,708,741	26,187,676	26,187,676
22. Net income (from Line 20)	1,578,281	2,205,770	(2,084,934)
23. Net transfers (to) or from Protected Cell accounts			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0			
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(103,292)	(497,351)	(706,190)
27. Change in nonadmitted assets	213,743	133,796	286,190
28. Change in provision for reinsurance	0	0	26,000
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		20,000,000	20,000,000
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)	1,688,732	21,842,216	17,521,066
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	45,397,473	48,029,891	43,708,741
<b>DETAILS OF WRITE-INS</b>			
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. Misc Income	1,141	20	20
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	1,141	20	20
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)			

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	2,196,970	0	0
2. Net investment income .....	2,802,799	2,546,861	3,621,958
3. Miscellaneous income .....	1,141	20	20
4. TOTAL (Lines 1 to 3) .....	5,000,909	2,546,880	3,621,978
5. Benefit and loss related payments .....	1,398,533	(2,906,752)	(3,389,846)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	5,611,872	4,229,930	6,633,755
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$.....20,161 tax on capital gains (losses) .....	(2,665,279)	(12,176,447)	(12,176,447)
10. TOTAL (Lines 5 through 9) .....	4,345,125	(10,853,270)	(8,932,539)
11. Net cash from operations (Line 4 minus Line 10) .....	655,784	13,400,150	12,554,516
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	13,521,842	22,892,697	26,270,538
12.2 Stocks .....		2,946,976	
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....	500,000	2,200,000	1,700,000
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....	14,021,842	28,039,673	27,970,538
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	15,768,416	41,991,261	43,466,436
13.2 Stocks .....		5,872,839	
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....	0	0	0
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....	15,768,416	47,864,100	43,466,436
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) .....	(1,746,574)	(19,824,427)	(15,495,898)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....		20,000,000	20,000,000
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) .....	(197,042)	(19,016,256)	(18,791,916)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(197,042)	983,744	1,208,084
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(1,287,833)	(5,440,532)	(1,733,298)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	3,677,314	5,410,612	5,410,612
19.2 End of period (Line 18 plus Line 19.1) .....	2,389,482	(29,921)	3,677,314

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

20.0001				
---------	--	--	--	--

**Notes to Financial Statement****1. Summary of Significant Accounting Policies**

## A. Accounting Practices

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

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

Description	State of Domicile	As of	
		Sep. 30, 2014	Dec. 31, 2013
Net Income – State Basis (Page 4, Line 20, Columns 1 & 3)	OH	\$ 1,578,281	\$ (2,084,934)
Net Income – NAIC SAP	OH	\$ 1,578,281	\$ (2,084,934)
Surplus – State Basis (Page 3, Line 37, Columns 1 & 2)	OH	\$ 45,397,473	\$ 43,708,741
Surplus – NAIC SAP	OH	\$ 45,397,473	\$ 43,708,741

**2. Accounting Changes and Correction of Errors**

## A. Accounting Changes and Correction of Errors

None

**3. Business Combinations and Goodwill**

None

**4. Discontinued Operations**

None

**5. Investments**

## A. Mortgage Loans

No significant changes

## B. Troubled Debt Restructuring for Creditors

None

## C. Reverse Mortgages

None

## D. Loan-backed Securities

1. Prepayment assumptions for loan-backed and structured securities were obtained from our investment software vendor through an independent third-party source.
2. The Company has no securities within the scope of SSAP No. 43R with a recognized other-than-temporary impairment.
3. Security with a recognized other-than-temporary impairment, currently held by the reporting entity, as the present value of cash flows expected to be collected is less than the amortized cost basis of the securities:
 

None
4. The Company has the following securities with fair value less than amortized cost for which other-than-temporary impairment has not been recognized in earnings as realized loss.
  - a. Aggregate amount of unrealized losses:
 

1. Less than 12 Months	\$ 7,619
2. 12 Months or Longer	\$ 128,446
  - b. Aggregate related fair value of securities with unrealized losses:
 

1. Less than 12 Months	\$ 3,162,225
2. 12 Months or Longer	\$ 4,177,365

**Notes to Financial Statement**

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

E. Repurchase Agreements and or Securities Lending Transactions

None

F. Real Estate

None

G. Low Income Housing Tax Credits (LIHTC)

No significant changes

H. Restricted Assets

No significant changes

I. Working Capital Finance Investments

None

**6. Joint Ventures, Partnerships and Limited Liability Corporations**

No significant changes

**7. Investment Income**

No significant changes

**8. Derivative Instruments**

None

**9. Income Taxes**

No significant changes

**10. Information Concerning Parent, Subsidiaries and Affiliates**

A. Name of Relationships

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

B. Detail of Transactions Greater than ½% of Admitted Assets:

None

C. Change in Terms of Intercompany Arrangements:

None

D. Amounts Due to or from Related Parties:

	<b>09/30/2014</b>	<b>12/31/2013</b>
TDC	\$ (26,708)	\$ (7,710)
TDMC	(289,293)	(506,003)
Total Due (To)/From	\$ (316,001)	\$ (513,713)

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

## Notes to Financial Statement

E. Guarantees or Contingencies for Related Parties

No significant change

F. Management or Service Contracts, Cost Sharing Arrangements

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

G. Nature of Relationships that Could Affect Operations:

None

H. Amount Deducted for Investment in Upstream Company:

None

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

None

**11. Debt**

A. Capital Notes

None

B. All Other Debt

None

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

The Company has no employees.

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

None

**14. Contingencies**

No significant change

**15. Leases**

No significant change

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

No significant change

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

B. Transfer and Servicing of Financial Assets

None

C. Wash Sales

None

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

None

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

None

**Notes to Financial Statement****20. Fair Value Measurement****A. Inputs used and Assets and Liabilities Measured and Reported at Fair Value**

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

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

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

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

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

None

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

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

None

**3. Policy on Transfers Into and Out of Level 3**

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

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

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

**5. Derivative Fair Values**

Not applicable

**B. Other Fair Value Disclosures**

Not applicable

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

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not practicable (Carrying Value)
Financial instruments – assets						
Bonds	102,920,048	98,545,284	-	102,920,048	-	-
Cash, cash equivalents and short-term investments	2,389,482	2,389,482	2,389,482	-	-	-

**Notes to Financial Statement**

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

None

**21. Other Disclosures**

C. On April 1, 2013, the Company received notice from the Ohio Insurance Department that the Company triggered a Hazardous Financial Condition (HFC) under Ohio Administrative Rules #3901-3-04(C) (1) (e) (f) (g) due to the significant loss in surplus that occurred in 2012 which resulted from reserve strengthening in the 1992 – 1996 report years. The HFC was not enforced when the Company agreed with a request by the Ohio Department of Insurance to increase the amount of capital in the Company by \$20 million which approximates the net loss recorded in 2012. On May 8, 2013, the Exchange, the Company's parent, contributed \$20 million to the Company.

G. Offsetting and Netting of Assets and Liabilities

None

**22. Events Subsequent**

None

**23. Reinsurance**

None

**24. Retrospectively Rated Contracts and Contracts Subject to Redetermination**

Immaterial

**25. Change in Incurred Losses and Loss Adjustment Expenses**

Incurred losses and loss adjustment expenses attributable to insured events of prior years has decreased by \$714,451 from \$776,071,099 as of December 31, 2013 to \$775,356,648 as of September 30, 2014 as a result of re-estimation of unpaid losses and loss adjustment expenses on medical malpractice lines of insurance. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

**26. Intercompany Pooling Arrangements**

None

**27. Structured Settlements**

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

**28. Health Care Receivables**

None

**29. Participating Policies**

None

**30. Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves	\$ 0
2. Date of the most recent evaluation of this liability	12/31/2013
3. Was anticipated investment income utilized in the calculation	No

**31. High Deductibles**

None

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

The Company does not discount reserves.

**33. Asbestos / Environmental Reserves**

None

**34. Subscriber Savings Accounts**

No significant changes

## **Notes to Financial Statement**

**35. Multiple Peril Crop Insurance**

None

**36. Financial Guarantee Insurance**

None

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]
  
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
- 2.2 If yes, date of change: .....
  
- 3.1 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[X] No[ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
  
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[ ] No[ ] N/A[X]  
If yes, attach an explanation.
  
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2011.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 12/31/2011.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ..... 04/23/2013.....
- 6.4 By what department or departments?  
OHIO DOI
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[ ] No[ ] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[ ] No[ ] N/A[X]
  
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
- 7.2 If yes, give full information
  
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]
  - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - (c) Compliance with applicable governmental laws, rules and regulations;
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[ ] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 0

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]
- 11.2 If yes, give full and complete information relating thereto:
  
- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$..... 0
- 13. Amount of real estate and mortgages held in short-term investments: \$..... 0

## GENERAL INTERROGATORIES (Continued)

### INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?  
 14.2 If yes, please complete the following:

Yes  No

	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?  
 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   
 Yes  No  N/A

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  
 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2  
 16.3 Total payable for securities lending reported on the liability page

\$ ..... 0  
 \$ ..... 0  
 \$ ..... 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?  
 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes  No

1 Name of Custodian(s)	2 Custodian Address
MUFG Union Bank, N.A. ....	350 California Street, San Francisco, CA 94104 .....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?  
 17.4 If yes, give full and complete information relating thereto:

Yes  No

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
Union Bank, N.A. ....	MUFG Union Bank, N.A. ....	07/01/2014 ..	Name change .....

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

1 Central Registration Depository	2 Name(s)	3 Address
104518 .....	Deutsche Investment Management Americas Inc .....	345 Park Avenue, New York, NY 10154 .....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?  
 18.2 If no, list exceptions:

Yes  No

## 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?  
If yes, attach an explanation. Yes[ ] No[ ] N/A[X]
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?  
If yes, attach an explanation. Yes[ ] No[X]
- 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
<b>U.S. insurers</b>						
19453 .....	13-5616275 .....	TRANSATLANTIC REINS CO .....	NY .....	Authorized .....	.....	.....
11551 .....	35-2293075 .....	ENDURANCE REINS CORP OF AMER .....	DE .....	Authorized .....	.....	.....
<b>All other insurers</b>						
00000 .....	AA-1127414 .....	Lloyd's Syndicate Number 1414 .....	GBR .....	Authorized .....	.....	.....
00000 .....	AA-1126004 .....	LLOYD'S SYNDICATE NUMBER 4444 .....	GBR .....	Authorized .....	.....	.....

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

	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
States, Etc.	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama (AL)	N						
2. Alaska (AK)	L						
3. Arizona (AZ)	L						
4. Arkansas (AR)	L						
5. California (CA)	N						
6. Colorado (CO)	L						
7. Connecticut (CT)	N						
8. Delaware (DE)	N						
9. District of Columbia (DC)	N						
10. Florida (FL)	N						
11. Georgia (GA)	L						
12. Hawaii (HI)	N						
13. Idaho (ID)	L						
14. Illinois (IL)	L				150,000	427,122	5,575,059
15. Indiana (IN)	L			264,551		633,070	1,375,283
16. Iowa (IA)	L						
17. Kansas (KS)	L						
18. Kentucky (KY)	L					1,889,662	1,625,921
19. Louisiana (LA)	N						
20. Maine (ME)	N						
21. Maryland (MD)	L					42,037,350	31,728,735
22. Massachusetts (MA)	N						
23. Michigan (MI)	L						
24. Minnesota (MN)	L						
25. Mississippi (MS)	N						
26. Missouri (MO)	L						
27. Montana (MT)	L						
28. Nebraska (NE)	L						
29. Nevada (NV)	L						
30. New Hampshire (NH)	N						
31. New Jersey (NJ)	E						
32. New Mexico (NM)	L						
33. New York (NY)	L						
34. North Carolina (NC)	N						
35. North Dakota (ND)	L						
36. Ohio (OH)	L	0		910,000	469,255	20,684,848	19,481,193
37. Oklahoma (OK)	L						
38. Oregon (OR)	L						
39. Pennsylvania (PA)	L					1,511,730	1,833,399
40. Rhode Island (RI)	N						
41. South Carolina (SC)	N						
42. South Dakota (SD)	L						
43. Tennessee (TN)	L						
44. Texas (TX)	L						
45. Utah (UT)	L						
46. Vermont (VT)	N						
47. Virginia (VA)	N						
48. Washington (WA)	L					150,000	150,000
49. West Virginia (WV)	L						
50. Wisconsin (WI)	L					42,523	1,035,975
51. Wyoming (WY)	L						
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)	X X X						
59. Totals	(a) 33	0		1,174,551	619,255	67,376,305	62,805,566
<b>DETAILS OF WRITE-INS</b>							
5801. write-in description 1 for line 58	X X X						
5802. write-in description 2 for line 58	X X X						
5803. write-in description 3 for line 58	X X X						
5898. Summary of remaining write-ins for Line 58 from overflow page	X X X						
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X						

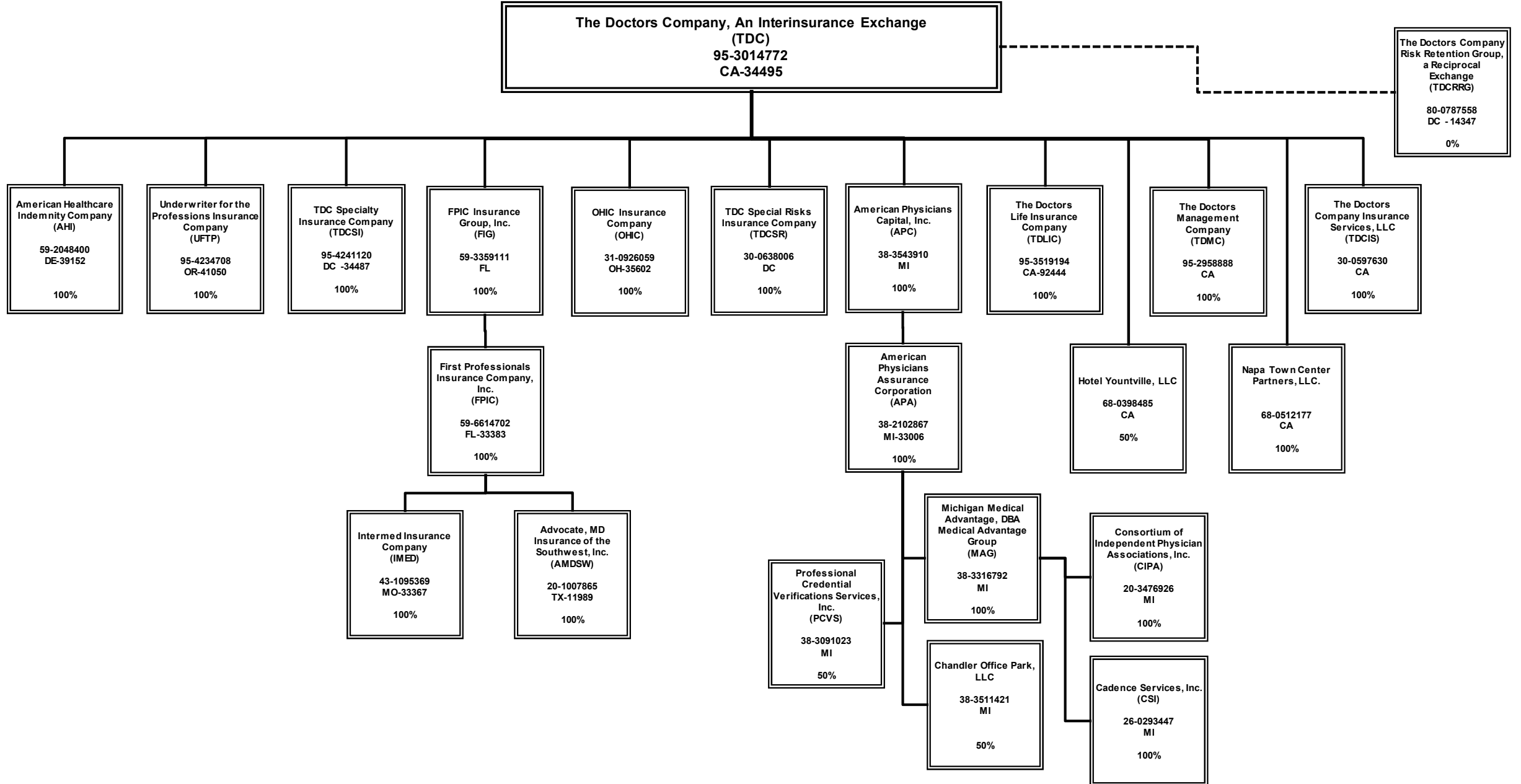
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART



Q11

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
0831	The Doctors Group	34495	95-3014772				The Doctors Company, An Interinsurance Exchange	CA	UDP	The Doctors Management Company	Ownership, Board of Directors, Attorney-In-Fact			
0831	The Doctors Group	11989	20-1007865				Advocate, MD Insurance of the Southwest, Inc.	TX	IA	First Professionals Insurance Company, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	11989	20-1007865				Advocate, MD Insurance of the Southwest, Inc.	TX	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	39152	59-2048400				American Healthcare Indemnity, Inc.	DE	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	39152	59-2048400				American Healthcare Indemnity, Inc.	DE	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	33006	38-2102867				American Physicians Assurance Corporation	MI	IA	American Physicians Capital, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	33006	38-2102867				American Physicians Assurance Corporation	MI	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	38-3543910				American Physicians Capital, Inc.	MI	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	38-3543910				American Physicians Capital, Inc.	MI	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	26-0293447				Cadence Services, Inc.	MI	NIA	Michigan Medical Advantage, DBA Medical Advantage Group	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	38-3511421				Chandler Office Park, LLC	MI	NIA	American Physicians Assurance Corporation	Influence	50.0	The Doctors Company, An Interinsurance Exchange, Chandler Farms, LLC	
0831	The Doctors Group	00000	20-3476926				Consortium of Independent Physician Associations, Inc.	MI	NIA	Michigan Medical Advantage, DBA Medical Advantage Group	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	33383	59-6614702				First Professionals Insurance Company, Inc.	FL	IA	FPIC Insurance Group, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	33383	59-6614702				First Professionals Insurance Company, Inc.	FL	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	59-3359111				FPIC Insurance Group, Inc.	FL	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	59-3359111				FPIC Insurance Group, Inc.	FL	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	68-0398485				Hotel Yountville, LLC	CA	NIA	The Doctors Company, An Interinsurance Exchange	Influence	50.0	The Doctors Company, An Interinsurance Exchange, Altamura Family, LLC	
0831	The Doctors Group	33367	43-1095369				Intermed Insurance Company	MO	IA	FPIC Insurance Group, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	33367	43-1095369				Intermed Insurance Company	MO	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	38-3316792				Michigan Medical Advantage, DBA Medical Advantage Group	MI	NIA	American Physicians Assurance Corporation	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	38-3316792				Michigan Medical Advantage, DBA Medical Advantage Group	MI	NIA	American Physicians Assurance Corporation	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	68-0512177				Napa Town Center Partners, LLC	CA	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	35602	31-0926059				OHIC Insurance Company	OH	RE	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	

Q12

## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
0831	The Doctors Group	35602	31-0926059				OHIC Insurance Company	OH	RE	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	38-3091023				Professional Credential Verifications Services, Inc.	MI	NIA	American Physicians Assurance Corporation	Ownership	50.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	38-3091023				Professional Credential Verifications Services, Inc.	MI	NIA	American Physicians Assurance Corporation	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	30-0638006				TDC Special Risks Insurance Company	DC	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	30-0638006				TDC Special Risks Insurance Company	DC	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	34487	95-4241120				TDC Specialty Insurance Company	DC	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	34487	95-4241120				TDC Specialty Insurance Company	DC	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	30-0597630				The Doctors Company Insurance Services, LLC	CA	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	30-0597630				The Doctors Company Insurance Services, LLC	CA	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	14347	80-0787558				The Doctors Company Risk Retention Group	DC	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	92444	95-3519194				The Doctors Life Insurance Company	CA	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	92444	95-3519194				The Doctors Life Insurance Company	CA	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	95-2958888				The Doctors Management Company	CA	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	41050	95-4234708				Underwriter for the Professions Insurance Company	OR	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	41050	95-4234708				Underwriter for the Professions Insurance Company	OR	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	

Q12.1

Asterisk	Explanation
0000001	

**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire				
2. Allied lines				
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril				
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine				
10. Financial guaranty				
11.1 Medical professional liability - occurrence				
11.2 Medical professional liability - claims made		(769,710)		
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	X X X	X X X	X X X	X X X
32. Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X	X X X
33. Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X	X X X
34. Aggregate write-ins for other lines of business				
35. TOTALS		(769,710)		
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)				

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire			
2. Allied lines			
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5. Commercial multiple peril			
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine			
10. Financial guaranty			
11.1 Medical professional liability - occurrence			
11.2 Medical professional liability - claims made			
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	X X X	X X X	X X X
32. Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X
33. Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X
34. Aggregate write-ins for other lines of business			
35. TOTALS			
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)			

**NONE**

**PART 3 (000 omitted)**  
**LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE**

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2014 Loss and LAE Payments on Claims Reported as of Prior Year-End	2014 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2014 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2011 + Prior .....	26,029	32,448	58,477	5,074		5,074	21,155		31,534	52,689	200	(914)	(714)
2. 2012 .....	2,063	1,522	3,585	316		316	1,039		2,229	3,268	(708)	707	(1)
3. Subtotals 2012 + Prior .....	28,092	33,970	62,062	5,390		5,390	22,194		33,763	55,957	(508)	(207)	(715)
4. 2013 .....													
5. Subtotals 2013 + Prior .....	28,092	33,970	62,062	5,390		5,390	22,194		33,763	55,957	(508)	(207)	(715)
6. 2014 .....	X X X	X X X	X X X	X X X			X X X				X X X	X X X	X X X
7. Totals .....	28,092	33,970	62,062	5,390		5,390	22,194		33,763	55,957	(508)	(207)	(715)
8. Prior Year-End's Surplus As Regards Policyholders .....	43,709										Col. 11, Line 7 As % of Col. 1 Line 7 1..... (1.808)	Col. 12, Line 7 As % of Col. 2 Line 7 2..... (0.609)	Col. 13, Line 7 As % of Col. 3 Line 7 3..... (1.152)
													Col. 13, Line 7 Line 8 4..... (1.636)

Q14

# 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:

Trusteed Surplus Statement



Medicare Part D Coverage Supplement



Director and Officer Supplement



**NONE**

STATEMENT AS OF **September 30, 2014** OF THE **OHIC Insurance Company**  
**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) .....		

**NONE**

**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) .....		

**NONE**

**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) .....		

**NONE**

**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 .....	96,695,277	79,681,033
2. Cost of bonds and stocks acquired .....	15,768,416	43,466,436
3. Accrual of discount .....	15,677	17,464
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....	(57,602)	246,512
6. Deduct consideration for bonds and stocks disposed of .....	13,521,842	26,270,538
7. Deduct amortization of premium .....	354,642	445,630
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) .....	98,545,284	96,695,277
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	98,545,284	96,695,277

## 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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	82,514,678	942,560	3,140,665	628,193	81,022,912	82,514,678	80,944,766	81,563,591
2. NAIC 2 (a) .....	18,299,389	1,220,450		(764,282)	18,371,333	18,299,389	18,755,557	18,066,729
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....	484,098		5,234	(140)	489,373	484,098	478,724	494,544
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	101,298,165	2,163,010	3,145,899	(136,229)	99,883,618	101,298,165	100,179,047	100,124,864
<b>PREFERRED STOCK</b>								
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 .....	101,298,165	2,163,010	3,145,899	(136,229)	99,883,618	101,298,165	100,179,047	100,124,864

(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

QS102

**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 .....	1,633,763	X X X	1,633,763	151	

**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 .....	3,429,588	1,189,893
2. Cost of short-term investments acquired .....	4,698,307	28,100,296
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....	6,494,132	25,860,601
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) .....	1,633,763	3,429,588
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	1,633,763	3,429,588

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

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

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

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

**SI07 Schedule DB - Verification ..... NONE**

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

**E01 Schedule A Part 2 ..... NONE**

**E01 Schedule A Part 3 ..... NONE**

**E02 Schedule B Part 2 ..... NONE**

**E02 Schedule B Part 3 ..... NONE**

**E03 Schedule BA Part 2 ..... NONE**

**E03 Schedule BA Part 3 ..... NONE**

## SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
134429AZ2 .....	CAMPBELL SOUP CO .....		07/18/2014 .....	Wachovia Securities Marke .....	X X X .....	258,426 .....	300,000 .....	5,415 .....	1FE .....
260543CK7 .....	DOW CHEM CO .....		09/09/2014 .....	SOLOMON BROS .....	X X X .....	1,220,450 .....	1,250,000 .....		2FE .....
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) .....					X X X .....	1,478,876 .....	1,550,000 .....	5,415 .....	X X X .....
8399997 Subtotal - Bonds - Part 3 .....					X X X .....	1,478,876 .....	1,550,000 .....	5,415 .....	X X X .....
8399999 Subtotal - Bonds .....					X X X .....	1,478,876 .....	1,550,000 .....	5,415 .....	X X X .....
9899999 Subtotal - Preferred and Common Stocks .....					X X X .....		X X X .....		X X X .....
9999999 Total - Bonds, Preferred and Common Stocks .....					X X X .....	1,478,876 .....	X X X .....	5,415 .....	X X X .....

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

## SCHEDULE D - PART 4

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

1 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.									
<b>Bonds - U.S. Governments</b>																							
36296KMW9	GNMA #693473		09/15/2014	PRINCIPAL RECEIPT	X X X	14,125	14,125	14,204	14,242				(117)		(117)		14,125			543	06/15/2038	1	
36207JZR7	GNMA PASS-THRU X SINGLE FAMILY		09/15/2014	PRINCIPAL RECEIPT	X X X	253		256	253								253			12	05/15/2028	1	
36208WCM3	GNMA PASS-THRU X SINGLE FAMILY		09/15/2014	PRINCIPAL RECEIPT	X X X	499		499	498			1			1		499			22	07/15/2028	1	
36209NCP5	GNMA PASS-THRU X SINGLE FAMILY		09/15/2014	PRINCIPAL RECEIPT	X X X	171		173	171								171			8	05/15/2028	1	
36295QVU1	GNMA PASS-THRU X SINGLE FAMILY		09/15/2014	PRINCIPAL RECEIPT	X X X	7,448	7,448	7,508	7,528			(80)		(80)		7,448			299	11/15/2037	1		
36295XZZ1	GNMA PASS-THRU X SINGLE FAMILY		09/15/2014	PRINCIPAL RECEIPT	X X X	13,963	13,963	14,105	14,142			(179)		(179)		13,963			506	02/15/2038	1		
36296GRY9	GNMA PASS-THRU X SINGLE FAMILY		09/15/2014	PRINCIPAL RECEIPT	X X X	52,688	52,688	53,314	53,663			(975)		(975)		52,688			1,846	06/15/2038	1		
38377QQB6	GNMA REMIC TRUST 2011-29		09/20/2014	PRINCIPAL RECEIPT	X X X	41,489	41,489	46,027	45,026			(3,537)		(3,537)		41,489			1,145	05/20/2040	1		
0599999	Subtotal - Bonds - U.S. Governments				X X X	130,636	130,636	136,086	135,523				(4,887)		(4,887)		130,636			4,381	X X X	X X X	
<b>Bonds - U.S. Special Revenue, Special Assessment</b>																							
31288AV93	FHLMC C72440		09/15/2014	PRINCIPAL RECEIPT	X X X	32,021	32,021	32,903	32,548				(527)		(527)		32,021			1,227	10/01/2032	1	
3128PST49	FHLMC PC GOLD 15 YR		09/15/2014	PRINCIPAL RECEIPT	X X X	65,508	65,508	66,685	66,440				(932)		(932)		65,508			1,534	10/01/2025	1	
31398VTM8	FHLMC REMIC SERIES 3659		09/15/2014	PRINCIPAL RECEIPT	X X X	62,643	62,643	67,165	63,684				(338)		(338)		63,346	(702)	(702)	2,110	10/15/2031	1	
3137ADCQ8	FHLMC REMIC SERIES 3896		09/15/2014	PRINCIPAL RECEIPT	X X X	74,954	74,954	77,764	77,669				(2,715)		(2,715)		74,954			1,987	03/15/2040	1	
3137ARX50	FHLMC REMIC SERIES 4073		09/15/2014	PRINCIPAL RECEIPT	X X X	30,937	30,937	34,166	33,698				(2,761)		(2,761)		30,937			826	07/15/2041	1	
3137ASBP8	FHLMC REMIC SERIES 4077		09/15/2014	PRINCIPAL RECEIPT	X X X	29,213	29,213	31,528	31,142				(1,928)		(1,928)		29,213			685	11/15/2041	1	
3137B1RP9	FHLMC REMIC SERIES 4189		09/15/2014	PRINCIPAL RECEIPT	X X X	44,607	44,607	48,580	48,394				(3,787)		(3,787)		44,607			1,034	11/15/2042	1	
31383SP6	FNMA #511826		09/25/2014	PRINCIPAL RECEIPT	X X X	2,965	2,965	3,023	2,971				(6)		(6)		2,965			121	07/01/2016	1	
31384V33	FNMA #535334		09/25/2014	PRINCIPAL RECEIPT	X X X	1,505	1,505	1,554	1,537				(32)		(32)		1,505			68	06/01/2030	1	
31385JEL8	FNMA #545639		09/25/2014	PRINCIPAL RECEIPT	X X X	4,636	4,636	4,791	4,729				(94)		(94)		4,636			204	04/01/2032	1	
31385JEM6	FNMA #545640		09/25/2014	PRINCIPAL RECEIPT	X X X	12,245	12,245	12,852	12,702				(456)		(456)		12,245			562	04/01/2032	1	
31386TM51	FNMA #572880		09/25/2014	PRINCIPAL RECEIPT	X X X	772	772	771	770				2		2		772			29	04/01/2016	1	
31388NGU4	FNMA #609611		09/25/2014	PRINCIPAL RECEIPT	X X X	3,834	3,834	3,847	3,827				6		6		3,834			138	11/01/2016	1	
31388TFK4	FNMA #614070		09/25/2014	PRINCIPAL RECEIPT	X X X	481	481	488	482				(1)		(1)		481			18	11/01/2016	1	
31388UF70	FNMA #614990		09/25/2014	PRINCIPAL RECEIPT	X X X	4,832	4,832	4,906	4,843				(11)		(11)		4,832			200	12/01/2016	1	
31391SM64	FNMA #675481		09/25/2014	PRINCIPAL RECEIPT	X X X	1,350	1,350	1,394	1,383				(33)		(33)		1,350			29	02/01/2033	1	
31400WSW1	FNMA #699933		09/25/2014	PRINCIPAL RECEIPT	X X X	48,909	48,909	49,260	49,396				(488)		(488)		48,909			1,760	04/01/2033	1	
31406UK31	FNMA #820314		09/25/2014	PRINCIPAL RECEIPT	X X X	645	645	635	636				8		8		645			22	08/01/2035	1	
31411W4N4	FNMA #917129		09/25/2014	PRINCIPAL RECEIPT	X X X	10,418	10,418	10,262	10,299				119		119		10,418			421	06/01/2037	1	
314145YU1	FNMA #975123		09/25/2014	PRINCIPAL RECEIPT	X X X	3,554	3,554	3,544	3,544				10		10		3,554			130	05/01/2038	1	
31371KZA2	FNMA PASS-THRU LNG 30 YEAR		09/25/2014	PRINCIPAL RECEIPT	X X X	17,386	17,386	18,725	19,144				(1,758)		(1,758)		17,386			646	02/01/2033	1	
3138X5JQ1	FNMA PASS-THRU LNG 30 YEAR		09/25/2014	PRINCIPAL RECEIPT	X X X	6,694	6,694	7,079	7,070				(377)		(377)		6,694			192	09/01/2043	1	
31394AP26	FNMA REMIC TRUST 2004-76		09/25/2014	PRINCIPAL RECEIPT	X X X	31,710	31,710	33,731	32,786				(1,076)		(1,076)		31,710			852	10/25/2019	1	
3136A2QP1	FNMA REMIC TRUST 2011-132		09/25/2014	PRINCIPAL RECEIPT	X X X	37,955	37,955	40,955	40,182				(2,227)		(2,227)		37,955			1,157	08/25/2039	1	
3136ADLC1	FNMA REMIC TRUST 2013-29		09/25/2014	PRINCIPAL RECEIPT	X X X	67,111	67,111	72,097	71,831				(4,720)		(4,720)		67,111			1,566	01/25/2043	1	
3136AEZC0	FNMA REMIC TRUST 2013-70		09/25/2014	PRINCIPAL RECEIPT	X X X	44,128	44,128	46,513	46,267				(2,139)		(2,139)		44,128			1,025	10/25/2037	1	
977123WB0	WISCONSIN ST TRANSN REV		07/01/2014	MATURITY	X X X	1,000,000	1,000,000	1,051,940	1,004,211				(4,211)		(4,211)		1,000,000			50,000	07/01/2014	1FE	
3199999	Subtotal - Bonds - U.S. Special Revenue, Special Assessment				X X X	1,641,013	1,641,013	1,727,158	1,672,185				(30,472)		(30,472)		1,641,716		(702)	(702)	68,543	X X X	X X X
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																							
03523TAN8	ANHEUSER BUSCH INBEV																						
12665BP4	WORLDWIDE SR		09/19/2014	CHASE/GREENWICH CAP	X X X	282,210	250,000	248,363	248,928				110		110		249,038		33,172	33,172	16,013	01/15/2020	1FE
46625YDD2	CVS CAREMARK CORPORATION		09/10/2014	Sink PMT @ 100.0000000	X X X	5,233	5,233	5,338	5,334				(101)		(101)		5,233			202	12/10/2028	4AM	
59022HNC2	JP MORGAN COMM MTG 2004-CIBC10		07/12/2014	PRINCIPAL RECEIPT	X X X	232,877	232,877	222,398	232,133				744		744		232,877			7,082	01/12/2037	1FM	
61748HAR2	ML MTG TRUST 2005-LC1 20440112 FLT		09/12/2014	PRINCIPAL RECEIPT	X X X	15,727	15,727	17,108	16,110				(383)		(383)		15,727			550	01/12/2044	1FM	
	MORGAN STANLEY CAP 2004-5AR		09/25/2014	PRINCIPAL RECEIPT	X X X	6,619	6,621	6,648	6,557				63		63		6,618			106	07/25/2034	1FM	
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	542,666	510,458	499,855	509,062				433		433		509,493		33,172	33,172	23,953	X X X	X X X
8399997	Subtotal - Bonds - Part 4				X X X	2,314,315	2,282,107	2,363,099	2,316,770				(34,926)		(34,926)		2,281,845		32,470	32,470	96,877	X X X	X X X
8399999	Subtotal - Bonds				X X X	2,314,315	2,282,107	2,363,099	2,316,770				(34,926)		(34,926)		2,281,845		32,470	32,470	96,877	X X X	X X X
9899999	Subtotal - Preferred and Common Stocks				X X X																	X X X	X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	2,314,315		2,363,099	2,316,770				(34,926)		(34,926)		2,281,845		32,470	32,470	96,877	X X X	X X X

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

**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	
<b>open depositories</b>									
Wells Fargo - Operating .....	175 S. Third St, Suite 150, Columbus, OH .....			26		783,404	1,139,700	755,719	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories .....		X X X	X X X						X X X
0199999 Totals - Open Depositories .....		X X X	X X X	26		783,404	1,139,700	755,719	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....		X X X	X X X						X X X
0299999 Totals - Suspended Depositories .....		X X X	X X X						X X X
0399999 Total Cash On Deposit .....		X X X	X X X	26		783,404	1,139,700	755,719	X X X
0499999 Cash in Company's Office .....		X X X	X X X	X X X	X X X				X X X
0599999 Total Cash .....		X X X	X X X	26		783,404	1,139,700	755,719	X X X

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
<b>NONE</b>							
8699999 Total - Cash Equivalents .....							



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

**Physicians, including surgeons and osteopaths**

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

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, Etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred but not Reported
1. Alabama (AL)								
2. Alaska (AK)								
3. Arizona (AZ)								
4. Arkansas (AR)								
5. California (CA)								
6. Colorado (CO)								
7. Connecticut (CT)								
8. Delaware (DE)								
9. District of Columbia (DC)								
10. Florida (FL)								
11. Georgia (GA)								
12. Hawaii (HI)								
13. Idaho (ID)								
14. Illinois (IL)					(383,626)			
15. Indiana (IN)			264,551	1	(183,020)	250,000	1	127,932
16. Iowa (IA)								
17. Kansas (KS)								
18. Kentucky (KY)					263,741	1,250,000	2	639,662
19. Louisiana (LA)								
20. Maine (ME)								
21. Maryland (MD)					5,021	51,000	2	26,098
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)					(570,269)	910,000	9	1,540,298
37. Oklahoma (OK)								
38. Oregon (OR)								
39. Pennsylvania (PA)					98,443	1,000,000	1	511,730
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			264,551	1	(769,710)	3,461,000	15	2,845,721
<b>DETAILS OF WRITE-INS</b>								
5801.	write-in description 1 for line 58							
5802.	write-in description 2 for line 58							
5803.	write-in description 3 for line 58							
5898.	Summary of remaining write-ins for Line 58 from overflow page							
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)							



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

**Hospitals**

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

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, Etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred but not Reported
1. Alabama (AL)								
2. Alaska (AK)								
3. Arizona (AZ)								
4. Arkansas (AR)								
5. California (CA)								
6. Colorado (CO)								
7. Connecticut (CT)								
8. Delaware (DE)								
9. District of Columbia (DC)								
10. Florida (FL)								
11. Georgia (GA)								
12. Hawaii (HI)								
13. Idaho (ID)								
14. Illinois (IL)					(4,883,159)	50,000	1	377,122
15. Indiana (IN)					45,859	150,000	1	105,137
16. Iowa (IA)								
17. Kansas (KS)								
18. Kentucky (KY)								
19. Louisiana (LA)								
20. Maine (ME)								
21. Maryland (MD)					3,687,532	20,495,007	39	21,465,245
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)			910,000	3	2,188,516	7,577,502	13	10,657,048
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)					(1,038,748)	25,000	1	17,523
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			910,000	3	0	28,297,509	55	32,622,074
<b>DETAILS OF WRITE-INS</b>								
5801.	write-in description 1 for line 58							
5802.	write-in description 2 for line 58							
5803.	write-in description 3 for line 58							
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 - Other Healthcare Professionals ..... NONE**

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

## **INDEX TO PROPERTY & CASUALTY QUARTERLY STATEMENT**

Accident and Health Insurance; Q3; Q13  
Accounting Changes and Corrections of Errors; Q6, Note 2  
Accounting Practices and Policies; Q6, Note 1  
Admitted Assets; Q2; QSI01  
Affiliated Transactions; Q2; Q3; Q7; Q7.1  
Asbestos Losses and Loss Adjustment Expenses; Q6, Note 33  
Bonds; Q2; Q5; Q7.1; Q7.2; QSI01; QSI02; QE04; QE05; QSupp2  
Business Combinations and Goodwill; Q6, Note 3  
Capital Gains (Losses); Q3; Q4; Q5  
Capital Stock; Q3; Q4; Q6, Note 13  
Capital Notes; Q3; Q5; Q6, Note 11  
Caps; QE06; QSI04  
Cash; Q2; Q5; QE12; QSupp2  
Cash Equivalents; Q2; Q5; QE13  
Collars; QE06; QSI04  
Commissions; Q3; Q5  
Common Stock; Q2; Q7.1; Q7.2; QSI01; QE04; QE05; QSupp2  
Counterparty Exposure; Q6, Note 8; QE06; QE08  
Contingencies; Q6, Note 14  
Debt; Q6, Note 11  
Deferred Compensation; Q6, Note 12  
Derivative Instruments; Q6, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08  
Director and Officer; QSupp7  
Discontinued Operations; Q6, Note 4  
Discounting of Liabilities; Q6, Note 32; Q8  
Electronic Data Processing Equipment; Q2  
Environmental Losses and Loss Adjustment Expenses; Q6, Note 33  
Exchange or Counterparty; QE06; QE08  
Expenses; Q3; Q4; Q5; Q8; QE01; QSupp3  
Extinguishment of Liabilities; Q6, Note 17  
Extraordinary Items; Q6, Note 21  
Fair Value; Q7, Note 20  
Federal ID Number; Q9  
Federal Reserve Board; Q7  
Finance and Service Charge; Q4  
Floors; QE06; QSI04  
Foreign Exchange; Q2; Q3; Q4; QSI01; QSI02; QSI03; QE04; QE05  
Forwards; QE06; QSI04  
Futures Contracts; QE07; QSI04  
Guaranty Fund; Q2  
Health Care Receivables; Q6, Note 28  
Hedging Transactions; Q7.1; QE06; QE07  
High Deductible Policies; Q6, Note 31  
Holding Company; Q7; Q11; Q12  
Income Generation Transactions; QE06; QE07  
Income Taxes; Q2; Q3; Q4; Q5; Q6, Note 9  
Intercompany Pooling; Q6, Note 26  
Investment Income; Q2; Q4; Q5; Q6, Note 7; QSupp2  
Investments; Q2; Q4; Q6, Note 5; Q7.1; Q7.2; QSI01; QSI03; QE03; QE04; QE05; QE08; QE13; QSupp2  
Joint Venture; Q6, Note 6  
Leases; Q6, Note 15  
Licensing; Q3; Q7; Q10  
Limited Liability Company (LLC); Q6, Note 6  
Limited Partnership; Q6, Note 6  
Lines of Business; Q8; Q13  
Long-Term Invested Assets; QSI01; QE03  
Loss Development; Q6  
Losses; Q3; Q4; Q5; Q6, Note 25; Q8; Q10; Q13; Q14; QSupp1; QSupp3  
Loss Adjustment Expenses; Q3; Q6, Note 26; Q8; Q14; QSupp3  
Managing General Agents; Q6, Note 19; Q7  
Medical Malpractice Insurance; Q13; Q15; QSupp5  
Medicare Part D Coverage; QSupp6  
Mortgage Loans; Q2; Q5; Q7.1; QSI01; QE02; QSupp2  
Multiple Peril Crop Insurance; Q6, Note 35  
Nonadmitted Assets; Q2; Q4; QSI01; QSI03  
Non-Tabular Discount; Q6, Note 32  
Off-Balance Sheet Risk; Q6, Note 16

## INDEX TO PROPERTY & CASUALTY QUARTERLY STATEMENT

Options; Q7.1; QE06; QSI04  
Organizational Chart; Q7; Q11  
Other Derivative Transactions; QE06; QE07  
Parent, Subsidiaries and Affiliates; Q2; Q3; Q6, Note 10; Q7.1  
Participating Policies; Q6, Note 29  
Pharmaceutical Rebates; Q6, Note 28  
Policyholder Dividends; Q3; Q4; Q5  
Postemployment Benefits; Q6, Note 12  
Postretirement Benefits; Q6, Note 12  
Preferred Stock; Q2; Q7.1; Q7.2; QSI01; QSI02; QE04; QSupp2  
Premium Deficiency Reserves; Q6, Note 30  
Premium Notes; Q2; Q5  
Premiums; Q3; Q5; Qsupp3  
    Accrued Retrospective; Q2  
    Advance; Q3  
    Direct; Q10; Q13  
    Earned; Q4; Q10; Q13; QSupp5  
    Earned but Unbilled; Q2  
    Unearned; Q3  
    Written; Q4; Q10; Q13; QSupp5  
Quasi Reorganizations; Q6, Note 13  
Real Estate; Q2; Q5; Q7.1; QSI01; QE01; QSupp2  
Redetermination, Contract Subject to; Q6, Note 24  
Reinsurance; Q6, Note 23  
    Assumed; Q13  
    Ceded; Q3; Q9; QSupp3  
    Commutation; Q6, Note 23  
    Funds Held; Q2; Q3  
    Losses; Q3; Q4; Q8; QSupp3  
    Payable; Q3; QSupp3  
    Premiums; Q3; QSupp3  
    Receivable; Q2; QSupp3  
    Unsecured; Q6, Note 23  
    Uncollectible; Q6, Note 23  
Reserves  
    Incurred but Not Reported (IBNR); Q8; Q14  
    Unpaid Loss Adjustment Expense (LAE); Q14  
Retirement Plans; Q6, Note 12  
Retrospectively Rated Contracts; Q6, Note 24  
Salvage and Subrogation; Q10  
Securities Lending; Q2; Q3; QE9; QE11  
Servicing of Financial Assets; Q6, Note 17  
Short-Term Investments; Q2; Q5; Q7.1; QSI03; QSupp2  
Special Deposits; QSupp2  
Stockholder Dividends; Q3; Q4; Q5  
Structured Settlements; Q6, Note 27  
Subscriber Savings Accounts; Q6, Note 34  
Subsequent Events; Q6, Note 22  
Surplus; Q3; Q4; Q5; Q6, Note 13; Q14; Q15; QSupp1; QSupp2; QSupp3  
Surplus Notes; Q3; Q4; Q5  
Swaps; QE07; QSI04  
Synthetic Assets; QSI04; QSI05  
Tabular Discount; Q6, Note 32  
Third Party Administrator; Q6, Note 19; Q7  
Treasury Stock; Q3; Q4; Q5  
Underwriting Expenses; Q4  
Uninsured Accident and Health; Q3; Q6, Note 18  
Valuation Allowance; QSI01  
Wash Sales; Q6, Note 17