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2015

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**QUARTERLY STATEMENT**  
**AS OF JUNE 30, 2015**  
**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, 10TH 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 ARMAND MCHALE	SECRETARY
DAVID GERARD PREIMESBERGER	TREASURER, CHIEF FINANCIAL OFFICER

**OTHERS**

ROBERT DAVID FRANCIS, CHIEF OPERATING OFFICER  
 MICHAEL YACOB, SENIOR VICE PRESIDENT  
 DOUGLAS WILLIAM BOLTZ, ASSISTANT VICE PRESIDENT

DARRELL BLAIR RANUM, REGIONAL VICE PRESIDENT  
 DOUGLAS CHARLES WILL, VICE PRESIDENT

**DIRECTORS OR TRUSTEES**

RICHARD ELLIOTT ANDERSON MD  
 DENNIS BRYAN LAWTON PhD  
 DAVID GERARD PREIMESBERGER

ROBERT DAVID FRANCIS  
 DAVID ARMAND MCHALE

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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. TREASURER (Title)
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2015, 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 .....	92,610,233		92,610,233	95,727,147
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 (\$.....5,811,158), cash equivalents (\$.....0) and short-term investments (\$.....25,001) .....	5,836,159		5,836,159	2,645,191
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) .....	98,446,392		98,446,392	98,372,338
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	918,852		918,852	908,324
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 .....	44,436		44,436	113,748
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....	87,543		87,543	2,636,376
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....	488,599	179,543	309,056	348,172
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 .....				20,396
24. Health care (\$.....0) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....				
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	99,985,821	179,543	99,806,278	102,399,353
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	99,985,821	179,543	99,806,278	102,399,353
<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. ....				
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) .....				

## LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31, Prior Year
1.	Losses (current accident year \$.....0)	38,179,893	38,588,803
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses	10,973,836	13,286,416
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)	113,000	113,000
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))	67,083	1,388,459
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)	2,983	2,983
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others	225	225
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$.....0 certified)	96,152	96,152
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates	252,143	342,094
20.	Derivatives		
21.	Payable for securities	748,230	
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)	50,433,545	53,818,132
27.	Protected cell liabilities		
28.	TOTAL liabilities (Lines 26 and 27)	50,433,545	53,818,132
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)	(32,219,257)	(33,010,769)
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)	49,372,733	48,581,221
38.	TOTALS (Page 2, Line 28, Col. 3)	99,806,278	102,399,353
<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)			(3,009,000)
1.4	Net (written \$.....0)			3,009,000
<b>DEDUCTIONS:</b>				
2.	Losses incurred (current accident year \$.....0)			
2.1	Direct	(375,000)	(657,211)	(12,339,913)
2.2	Assumed			
2.3	Ceded	(101,996)	(4,263)	(10,701,093)
2.4	Net	(273,004)	(652,948)	(1,638,820)
3.	Loss adjustment expenses incurred	183,168	177,270	(75,641)
4.	Other underwriting expenses incurred	944,279	912,848	1,892,415
5.	Aggregate write-ins for underwriting deductions			
6.	TOTAL underwriting deductions (Lines 2 through 5)	854,443	437,169	177,955
7.	Net income of protected cells			
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(854,443)	(437,169)	2,831,045
<b>INVESTMENT INCOME</b>				
9.	Net investment income earned	1,556,165	1,687,065	3,286,335
10.	Net realized capital gains (losses) less capital gains tax of \$.....68,583	127,369	(58,547)	(50,344)
11.	Net investment gain (loss) (Lines 9 + 10)	1,683,534	1,628,518	3,235,991
<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	35	1,134	1,141
15.	TOTAL other income (Lines 12 through 14)	35	1,134	1,141
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	829,127	1,192,483	6,068,177
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)	829,127	1,192,483	6,068,177
19.	Federal and foreign income taxes incurred	(1,501)	138,368	1,416,388
20.	Net income (Line 18 minus Line 19) (to Line 22)	830,627	1,054,115	4,651,789
<b>CAPITAL AND SURPLUS ACCOUNT</b>				
21.	Surplus as regards policyholders, December 31 prior year	48,581,221	43,708,741	43,708,741
22.	Net income (from Line 20)	830,627	1,054,115	4,651,789
23.	Net transfers (to) 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	(39,433)	(75,944)	(285,054)
27.	Change in nonadmitted assets	317	163,261	528,226
28.	Change in provision for reinsurance		0	(22,481)
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			
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)	791,511	1,141,432	4,872,480
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	49,372,733	44,850,173	48,581,221
<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	35	1,134	1,141
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)	35	1,134	1,141
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 .....	2,548,833	2,196,970	2,196,970
2.	Net investment income .....	1,810,996	1,869,040	3,749,942
3.	Miscellaneous income .....	35	1,134	1,141
4.	<b>TOTAL (Lines 1 to 3) .....</b>	<b>4,359,864</b>	<b>4,067,144</b>	<b>5,948,052</b>
5.	Benefit and loss related payments .....	66,594	1,375,142	1,235,883
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	3,440,027	3,612,240	9,142,005
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....(68,583) tax on capital gains (losses) .....	1,388,459	(2,666,099)	(2,665,279)
10.	<b>TOTAL (Lines 5 through 9) .....</b>	<b>4,895,079</b>	<b>2,321,283</b>	<b>7,712,608</b>
11.	<b>Net cash from operations (Line 4 minus Line 10) .....</b>	<b>(535,215)</b>	<b>1,745,861</b>	<b>(1,764,556)</b>
<b>Cash from Investments</b>				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....	10,957,501	11,207,527	18,170,392
12.2	Stocks .....			
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 .....	748,230	500,000	500,000
12.8	<b>TOTAL investment proceeds (Lines 12.1 to 12.7) .....</b>	<b>11,705,731</b>	<b>11,707,527</b>	<b>18,670,392</b>
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....	7,909,993	14,289,540	17,734,530
13.2	Stocks .....			
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....			0
13.7	<b>TOTAL investments acquired (Lines 13.1 to 13.6) .....</b>	<b>7,909,993</b>	<b>14,289,540</b>	<b>17,734,530</b>
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	<b>Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....</b>	<b>3,795,738</b>	<b>(2,582,013)</b>	<b>935,862</b>
<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 .....			
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) .....	(69,554)	(222,800)	(203,429)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(69,554)	(222,800)	(203,429)
<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) .....	3,190,969	(1,058,953)	(1,032,124)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	2,645,191	3,677,314	3,677,314
19.2	End of period (Line 18 plus Line 19.1) .....	5,836,159	2,618,361	2,645,191

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

20.0001				
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# **Notes to Financial Statement**

## **1. Summary of Significant Accounting Policies**

### **A. Accounting Practices**

The accompanying financial statements of OHIC Insurance Company (OHIC or The Company) have been prepared on the basis of accounting practices prescribed or permitted by the Ohio 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	
		Jun. 30, 2015	Dec. 31, 2014
Net Income – State Basis (Page 4, Line 20, Columns 1 &3)	OH	\$ 830,627	\$ 4,651,789
Net Income – NAIC SAP	OH	\$ 830,627	\$ 4,651,789
Surplus – State Basis (Page 3, Line 37, Columns 1& 2)	OH	\$ 49,372,733	\$ 48,581,221
Surplus – NAIC SAP	OH	\$ 49,372,733	\$ 48,581,221

### **C. Accounting Policy**

6. Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities.

## **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

## **Notes to Financial Statement**

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	\$ 6,673
2. 12 Months or Longer	\$ 38,900

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

1. Less than 12 Months	\$ 2,793,431
2. 12 Months or Longer	\$ 2,285,173

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 for 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  $\frac{1}{2}\%$  of Admitted Assets:**

None

**C. Change in Terms of Intercompany Arrangements:**

None

# **Notes to Financial Statement**

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

	<b>06/30/2015</b>	<b>12/31/2014</b>
TDC	\$ (640)	\$ 20,396
TDMC	(251,503)	(342,094)
Total Due (To)/From	\$ (252,143)	\$ (321,698)

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

**E. Guarantees or Contingencies for Related Parties**

No significant change

**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

**J. Write-downs for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies**

None

**K. Foreign Insurance Subsidiaries**

None

**L. Downstream Non-Insurance Company Holding Company**

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

# **Notes to Financial Statement**

**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**

A. Transfers of Receivables Reported as Sales

None

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

**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.

# Notes to Financial Statement

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	96,345,853	92,610,233	-	96,345,853	-	-
Cash, cash equivalents and short-term investments	5,836,159	5,836,159	5,836,159	-	-	-

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

None

**21. Other Disclosures**

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 \$89,835 from \$774,356,641 as of December 31, 2014 to \$774,266,806 as of June 30, 2015 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	12/31/2014
3. Was anticipated investment income utilized in the calculation	No

## **Notes to Financial Statement**

**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

**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]  
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[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[X] N/A[ ]

    If yes, attach an explanation. .....

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2011

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2011

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/23/2013

6.4 By what department or departments? .....

    OHIO DOI

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

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

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]

7.2 If yes, give full information .....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company. .....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. .....

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]

    (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

    (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

    (c) Compliance with applicable governmental laws, rules and regulations;

    (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

    (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain: .....

9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s). .....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s). .....

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[ ] No[X]

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

**INVESTMENT**

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

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

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

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

**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[X]

	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  
 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

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:

\$ ..... 0  
\$ ..... 0  
\$ ..... 0

Yes[X] No[ ]

1 Name of Custodian(s)	2 Custodian Address
MUFG Union Bank NA .....	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? Yes[ ] No[X]  
 17.4 If yes, give full and complete information relating thereto:

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

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

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

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes[X] No[ ]  
 18.2 If no, list exceptions:  
 N/A

**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
<b>All other insurers</b>						
00000 .....	AA-1126958 ....	LLOYD'S SYNDICATE NUMBER 958 .....	GBR .....	Authorized .....	.....	.....

**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) .....	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 .....					895,179	
15. Indiana (IN) .....	L .....				264,551	414,966	604,294
16. Iowa (IA) .....	L .....						
17. Kansas (KS) .....	L .....						
18. Kentucky (KY) .....	L .....			60,000		1,659,863	1,937,205
19. Louisiana (LA) .....	N .....						
20. Maine (ME) .....	N .....						
21. Maryland (MD) .....	L .....					36,750,052	43,389,169
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 .....			75,906	910,000	14,610,452	17,842,787
37. Oklahoma (OK) .....	L .....						
38. Oregon (OR) .....	L .....						
39. Pennsylvania (PA) .....	L .....					1,659,863	1,549,764
40. Rhode Island (RI) .....	N .....						
41. South Carolina (SC) .....	N .....						
42. South Dakota (SD) .....	L .....						
43. Tennessee (TN) .....	L .....						
44. Texas (TX) .....	L .....						
45. Utah (UT) .....	L .....						
46. Vermont (VT) .....	N .....						
47. Virginia (VA) .....	N .....						
48. Washington (WA) .....	L .....					150,000	150,000
49. West Virginia (WV) .....	L .....						
50. Wisconsin (WI) .....	L .....						1,120,407
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) .....	XXX .....						
59. Totals .....	(a) 33 .....			135,906	1,174,551	55,245,196	67,488,804
<b>DETAILS OF WRITE-INS</b>							
58001 .....	XXX .....						
58002 .....	XXX .....						
58003 .....	XXX .....						
58998Summary of remaining write-ins for Line 58 from overflow page .....	XXX .....						
58999TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	XXX .....						

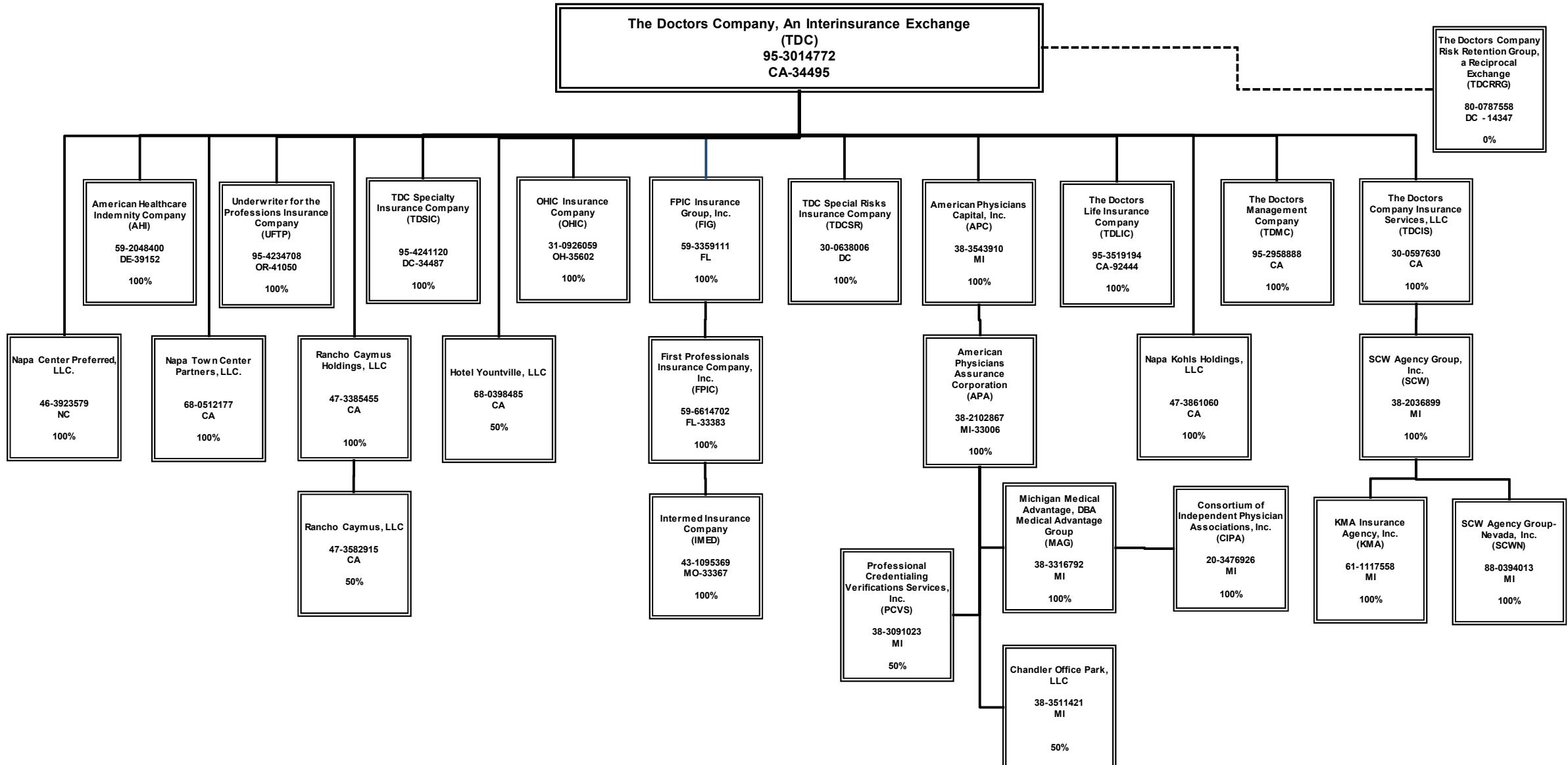
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART



## 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	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)	*
Q12	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 .....	.....	.....	.....
	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 .....	.....
	The Doctors Group .....	39152	59-2048400	.....	.....	.....	American Healthcare Indemnity, Inc. ....	DE	IA	The Doctors Management Company .....	Board of Directors, Management .....	.....	The Doctors Management Company .....	.....
	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 .....	.....
	The Doctors Group .....	33006	38-2102867	.....	.....	.....	American Physicians Assurance Corporation .....	MI	IA	The Doctors Management Company .....	Board of Directors, Management .....	.....	The Doctors Management Company .....	.....
	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 .....	.....
	The Doctors Group .....	00000	38-3543910	.....	.....	.....	American Physicians Capital, Inc. ....	MI	NIA	The Doctors Management Company .....	Board of Directors, Management .....	.....	The Doctors Management Company .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	The Doctors Group .....	00000	59-3359111	.....	.....	.....	FPIC Insurance Group, Inc. ....	FL	NIA	The Doctors Management Company .....	Board of Directors, Management .....	.....	The Doctors Management Company .....	.....
	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 .....	.....
	The Doctors Group .....	33367	43-1095369	.....	.....	.....	Intermed Insurance Company .....	MO	IA	First Professionals Insurance Company, Inc. ....	Ownership .....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group .....	33367	43-1095369	.....	.....	.....	Intermed Insurance Company .....	MO	IA	The Doctors Management Company .....	Board of Directors, Management .....	.....	The Doctors Management Company .....	.....
	The Doctors Group .....	00000	61-1117558	.....	.....	.....	KMA Insurance Agency, Inc. ....	MI	NIA	SCW Agency Group, Inc. ....	Ownership .....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....
	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 .....	.....
	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 .....	.....
	The Doctors Group .....	00000	46-3923579	.....	.....	.....	Napa Center Preferred, LLC .....	NC	NIA	The Doctors Company, An Interinsurance Exchange .....	Ownership .....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....
	The Doctors Group .....	00000	47-3681060	.....	.....	.....	Napa Kohls Holdings, LLC .....	CA	NIA	The Doctors Company, An Interinsurance Exchange .....	Ownership .....	100.0	The Doctors Company, An Interinsurance Exchange .....	.....
	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 .....	.....
	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 .....	.....

# SCHEDULE Y

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

1 Group Code	2 Group Name	3 NAIC Comp- any Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domic- iliary Loca- tion	10 Rela- tion- ship to Report- ing Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15
0831 ..	The Doctors Group .....	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 Credentialing 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 Credentialing Verifications Services, Inc. ....	MI ..	NIA ..	The Doctors Management Company .....	Board of Directors, Management .....		The Doctors Company, An Interinsurance Exchange .....	
0831 ..	The Doctors Group .....	00000	47-3385455	.....	.....	.....	Rancho Caymus Holdings, LLC .....	CA ..	NIA ..	The Doctors Company, An Interinsurance Exchange .....	Ownership .....	100.0	The Doctors Company, An Interinsurance Exchange .....	
0831 ..	The Doctors Group .....	00000	47-3582915	.....	.....	.....	Rancho Caymus, LLC .....	CA ..	NIA ..	Rancho Caymus Holdings, LLC .....	Ownership .....	50.0	The Doctors Company, An Interinsurance Exchange .....	
0831 ..	The Doctors Group .....	00000	38-2036899	.....	.....	.....	SCW Agency Group, Inc. ....	MI ..	NIA ..	The Doctors Company Insurance Services, LLC .....	Ownership .....	100.0	The Doctors Company, An Interinsurance Exchange .....	
0831 ..	The Doctors Group .....	00000	88-0394013	.....	.....	.....	SCW Agency Group-Nevada, Inc. ....	NV ..	NIA ..	SCW Agency Group, Inc. ....	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 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 .....			(375,000)	
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 .....		(375,000)		

## 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 .....	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 .....					

**NONE**

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 2015 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2015 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2015 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. 2012 + Prior .....	20,501	31,374	51,875	2,632		2,632	14,020		35,134	49,154	(3,849)	3,760	(89)
2. 2013 .....													
3. Subtotals 2013 + Prior .....	20,501	31,374	51,875	2,632		2,632	14,020		35,134	49,154	(3,849)	3,760	(89)
4. 2014 .....													
5. Subtotals 2014 + Prior .....	20,501	31,374	51,875	2,632		2,632	14,020		35,134	49,154	(3,849)	3,760	(89)
6. 2015 .....	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals .....	20,501	31,374	51,875	2,632		2,632	14,020		35,134	49,154	(3,849)	3,760	(89)
											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 Surplus As Regards Policyholders .....	48,581										1.....(18.775)	2.....11.984	3.....(0.172)
													Col. 13, Line 7 Line 8
													4.....(0.183)

## **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



2015

Document Code: 490

Director and Officer Supplement



2015

Document Code: 505

Medicare Part D Coverage Supplement



2015

Document Code: 365



**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 .....	95,727,147	96,695,277
2. Cost of bonds and stocks acquired .....	7,909,993	17,734,530
3. Accrual of discount .....	9,452	20,250
4. Unrealized valuation increase (decrease) .....	195,952	(77,453)
5. Total gain (loss) on disposals .....	10,957,501	18,170,392
6. Deduct consideration for bonds and stocks disposed of .....	274,810	475,065
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) .....	92,610,233	95,727,147
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11) .....	92,610,233	95,727,147

**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
<b>BONDS</b>								
1. NAIC 1 (a) .....	76,920,995	2,633,880	4,150,930	1,121,568	76,920,995	76,525,513	.....	79,407,748
2. NAIC 2 (a) .....	17,124,016	748,230	1,017,859	(1,206,768)	17,124,016	15,647,619	.....	16,188,644
3. NAIC 3 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
4. NAIC 4 (a) .....	467,727	.....	5,475	(150)	467,727	462,102	.....	473,267
5. NAIC 5 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
6. NAIC 6 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
7. Total Bonds .....	94,512,738	3,382,110	5,174,264	(85,350)	94,512,738	92,635,234	.....	96,069,659
<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 .....	94,512,738	3,382,110	5,174,264	(85,350)	94,512,738	92,635,234	.....	96,069,659

(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. <b>Totals</b>	25,001	XXX	25,001	90	

**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 .....	342,511	3,429,588
2. Cost of short-term investments acquired .....	4,379,169	4,698,307
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....	4,696,679	7,785,384
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	25,001	342,511
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	25,001	342,511

**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>									
423074BA0 .....	HEINZ H J CO 144A .....		06/23/2015 .....	Union Bank of CA .....	XXX .....	748,230 .....	750,000 .....		2FE .....
842400FQ1 .....	SOUTHERN CALIF EDISON CO .....		04/24/2015 .....	MERRILL LYNCH FIXED INCOME .....	XXX .....	1,135,530 .....	1,000,000 .....	7,250 .....	1FE .....
22546QAV9 .....	CREDIT SUISSE NEW YORK BRANCH .....	R .....	04/24/2015 .....	CREDIT SUISSE .....	XXX .....	1,498,350 .....	1,500,000 .....		1FE .....
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) .....					XXX .....	3,382,110 .....	3,250,000 .....	7,250 .....	XXX .....
8399997 Subtotal - Bonds - Part 3 .....					XXX .....	3,382,110 .....	3,250,000 .....	7,250 .....	XXX .....
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly) .....					XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
8399999 Subtotal - Bonds .....					XXX .....	3,382,110 .....	3,250,000 .....	7,250 .....	XXX .....
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) .....					XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly) .....					XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
9899999 Subtotal - Preferred and Common Stocks .....					XXX .....		XXX .....		XXX .....
9999999 Total - Bonds, Preferred and Common Stocks .....					XXX .....	3,382,110 .....	XXX .....	7,250 .....	XXX .....

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

## SCHEDULE D - PART 4

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

1	2	3 F o r e i g n	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										Prior Year Book/ Adjusted Carrying Value	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.	15 Total Foreign Exchange Change in B/A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	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.	15 Total Foreign Exchange Change in B/A.C.V.	16	17	18	19	20	21	22	
<b>Bonds - U.S. Governments</b>																					
36296KMW9	GNMA #693473	06/15/2015	PRINCIPAL RECEIPT	XXX	8,501	8,501	8,549	8,571	(70)			(70)			8,501				197	06/15/2038	1
36207JZR7	GNMA PASS-THRU X SINGLE FAMILY	06/15/2015	PRINCIPAL RECEIPT	XXX	255	255	259	256			1					255			7	05/15/2028	1
36208WCM3	GNMA PASS-THRU X SINGLE FAMILY	06/15/2015	PRINCIPAL RECEIPT	XXX	524	524	523	523			1					524			14	07/15/2028	1
36209NCP5	GNMA PASS-THRU X SINGLE FAMILY	06/15/2015	PRINCIPAL RECEIPT	XXX	103	103	104	103			1					103			3	05/15/2028	1
36295QVU1	GNMA PASS-THRU X SINGLE FAMILY	06/15/2015	PRINCIPAL RECEIPT	XXX	463	463	467	468			(5)					463			12	11/15/2037	1
36295ZZ1	GNMA PASS-THRU X SINGLE FAMILY	06/15/2015	PRINCIPAL RECEIPT	XXX	6,694	6,694	6,762	6,778			(84)					6,694			201	02/15/2038	1
36296GRY9	GNMA PASS-THRU X SINGLE FAMILY	06/15/2015	PRINCIPAL RECEIPT	XXX	249	249	252	254			(5)					249			6	06/15/2038	1
38377QQB6	GNMA REMIC TRUST 2011-29	06/20/2015	PRINCIPAL RECEIPT	XXX	43,071	43,071	47,782	46,258			(3,187)					43,071			754	05/20/2040	1
0599999 Subtotal - Bonds - U.S. Governments				XXX	59,860	59,860	64,698	63,211			(3,350)					59,860			1,194	XX X	.. XXX ..
<b>Bonds - U.S. Special Revenue, Special Assessment</b>																					
31288AV93	FHLMC C72440	06/15/2015	PRINCIPAL RECEIPT	XXX	24,788	24,788	25,470	25,190			(402)					24,788			573	10/01/2032	1
3128PST49	FHLMC PC GOLD 15 YR	06/15/2015	PRINCIPAL RECEIPT	XXX	52,081	52,081	53,017	52,782			(701)					52,081			743	10/01/2025	1
31398VTM8	FHLMC REMIC SERIES 3659	04/15/2015	PRINCIPAL RECEIPT	XXX	26,933	26,933	28,877	27,026			1					27,027			530	10/15/2031	1
3137ADCQ8	FHLMC REMIC SERIES 3896	06/15/2015	PRINCIPAL RECEIPT	XXX	133,062	133,062	138,052	136,865			(3,803)					133,062			2,191	03/15/2040	1
3137ARXS0	FHLMC REMIC SERIES 4073	06/15/2015	PRINCIPAL RECEIPT	XXX	29,079	29,079	32,114	31,522			(2,442)					29,079			487	07/15/2041	1
3137ASBP8	FHLMC REMIC SERIES 4077	06/15/2015	PRINCIPAL RECEIPT	XXX	27,088	27,088	29,234	28,632			(1,544)					27,088			397	11/15/2041	1
3137B1RP9	FHLMC REMIC SERIES 4189	06/15/2015	PRINCIPAL RECEIPT	XXX	29,295	29,295	31,904	31,670			(2,375)					29,295			386	11/15/2042	1
31383SSP6	FNMA #511826	06/25/2015	PRINCIPAL RECEIPT	XXX	912	912	930	911							912			21	07/01/2016	1	
31384VV33	FNMA #535334	06/25/2015	PRINCIPAL RECEIPT	XXX	6,150	6,150	6,354	6,297			(147)					6,150			127	06/01/2030	1
31385JEL8	FNMA #545639	06/25/2015	PRINCIPAL RECEIPT	XXX	2,093	2,093	2,163	2,146			(53)					2,093			54	04/01/2032	1
31385JEM6	FNMA #545640	06/25/2015	PRINCIPAL RECEIPT	XXX	8,143	8,143	8,547	8,426			(282)					8,143			191	04/01/2032	1
31386TM51	FNMA #572880	06/25/2015	PRINCIPAL RECEIPT	XXX	817	817	817	815			2					817			16	04/01/2016	1
31388NGU4	FNMA #609611	06/25/2015	PRINCIPAL RECEIPT	XXX	3,411	3,411	3,423	3,403			7					3,411			69	11/01/2016	1
31388TFK4	FNMA #614070	06/25/2015	PRINCIPAL RECEIPT	XXX	508	508	515	508							508			10	11/01/2016	1	
31388UF70	FNMA #614990	06/25/2015	PRINCIPAL RECEIPT	XXX	2,907	2,907	2,951	2,908			(1)					2,907			64	12/01/2016	1
31391SM64	FNMA #675481	06/25/2015	PRINCIPAL RECEIPT	XXX	1,232	1,232	1,272	1,262			(30)					1,232			18	02/01/2033	1
31400WSW1	FNMA #699933	06/25/2015	PRINCIPAL RECEIPT	XXX	39,256	39,256	39,538	39,644			(388)					39,256			722	04/01/2033	1
31406UK31	FNMA #820314	06/25/2015	PRINCIPAL RECEIPT	XXX	680	680	669	671			9					680			12	08/01/2035	1
31411W4N4	FNMA #917129	06/25/2015	PRINCIPAL RECEIPT	XXX	7,185	7,185	7,077	7,098			87					7,185			212	06/01/2037	1
31414SYU1	FNMA #975123	06/25/2015	PRINCIPAL RECEIPT	XXX	2,512	2,512	2,505	2,505			6					2,512			59	05/01/2038	1
31371KZA2	FNMA PASS-THRU LNG 30 YEAR	06/25/2015	PRINCIPAL RECEIPT	XXX	13,864	13,864	14,932	15,256			(1,392)					13,864			278	02/01/2033	1
3138ARG99	FNMA PASS-THRU LNG 30 YEAR	06/25/2015	PRINCIPAL RECEIPT	XXX	60,527	60,527	65,918	65,936			(5,409)					60,527			790	09/01/2041	1
3138X5JQ1	FNMA PASS-THRU LNG 30 YEAR	06/25/2015	PRINCIPAL RECEIPT	XXX	16,221	16,221	17,155	17,089			(868)					16,221			227	09/01/2043	1
31394AP26	FNMA REMIC TRUST 2004-76	06/25/2015	PRINCIPAL RECEIPT	XXX	23,745	23,745	25,259	24,414			(669)					23,745			339	10/25/2019	1
3136A2QP1	FNMA REMIC TRUST 2011-132	06/25/2015	PRINCIPAL RECEIPT	XXX	75,526	75,526	81,498	79,323			(3,797)					75,526			1,307	08/25/2039	1
3136ADLC1	FNMA REMIC TRUST 2013-29	06/25/2015	PRINCIPAL RECEIPT	XXX	63,068	63,068	67,753	67,151			(4,084)					63,068			801	01/25/2043	1
3136AE2C0	FNMA REMIC TRUST 2013-70	06/25/2015	PRINCIPAL RECEIPT	XXX	62,437	62,437	65,813	64,898			(2,461)					62,437			764	10/25/2037	1
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment				XXX	713,520	713,520	753,757	744,348			(30,736)					713,614			(94)	(94)	11,388 .. XXX ..
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
134429AZ2	CAMPBELL SOUP CO	06/03/2015	Barclay Capital	XXX	255,417	300,000	258,426	258,756			314					259,070			(3,653)	(3,653)	9,690 .. XXX ..
13975GA6	CAPITAL AUTO RECV ABN 2014-1	06/20/2015	PRINCIPAL RECEIPT	XXX	140,319	140,319	140,316	140,323			(3)					140,319			370	05/20/2016	1FE
126650BP4	CVS CAREMARK CORPORATION	06/10/2015	Sink PMT @ 100.000000	XXX	5,475	5,475	5,585	5,580			(105)					5,475			129	12/10/2028	4AM
34292JU46	FORD CREDIT AUTO TR 2012-A	06/15/2015	PRINCIPAL RECEIPT	XXX	95,244	95,244	95,219	95,243			1					95,244			452	06/15/2017	1FE
416518AA6	HARTFORD FINL SVCS GROUP INC D	05/27/2015	CALLED @ 106.5751090	XXX	1,065,750	1,000,000	1,037,190	1,020,764			(2,905)					1,017,858			47,892	47,892	24,66

**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			2	3	4	5	Book Balance at End of Each Month			9
							During Current Quarter			
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
<b>open depositories</b>										
Wells Fargo Bank, N.A. ....	San Francisco, CA .....				38		1,418,891	846,782	3,785,744	XXX
MUFG Union Bank, N.A. ....	San Francisco, CA .....				68				2,025,414	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 ..	106		1,418,891	846,782	5,811,158	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 ..	106		1,418,891	846,782	5,811,158	XXX
0499999 Cash in Company's Office .....			XXX	XXX ..	XXX ..	XXX ..				XXX
0599999 Total Cash .....			XXX	XXX ..	106		1,418,891	846,782	5,811,158	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
8699999 Total - Cash Equivalents .....							

**N O N E**



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) .....	.....	.....	.....	.....	.....	.....	.....	.....
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 .....	.....	.....	95,000	2	(370,000)	2,750,000	7	1,873,248
<b>DETAILS OF WRITE-INS</b>								
58001. ....	.....	.....	.....	.....	.....	.....	.....	.....
58002. ....	.....	.....	.....	.....	.....	.....	.....	.....
58003. ....	.....	.....	.....	.....	.....	.....	.....	.....
58998. Summary of remaining write-ins for Line 58 from overflow page .....	.....	.....	.....	.....	.....	.....	.....	.....
58999. 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**

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) .....	.....	.....	40,906	1	965,101	2,185,002	8	11,536,894
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 .....	.....	.....	40,906	1	(5,000)	12,914,009	37	37,557,939
<b>DETAILS OF WRITE-INS</b>								
58001. ....	.....	.....	.....	.....	.....	.....	.....	.....
58002. ....	.....	.....	.....	.....	.....	.....	.....	.....
58003. ....	.....	.....	.....	.....	.....	.....	.....	.....
58998. Summary of remaining write-ins for Line 58 from overflow page .....	.....	.....	.....	.....	.....	.....	.....	.....
58999. 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**

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

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