



**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 .....	92,582,440		92,582,440	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 (\$.....4,089,866), cash equivalents (\$.....0) and short-term investments (\$.....25,001) .....	4,114,867		4,114,867	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) .....	96,697,307		96,697,307	98,372,338
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	899,200		899,200	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 .....	202,988		202,988	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 .....	408,933	133,148	275,785	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) .....	98,295,969	133,148	98,162,821	102,399,353
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	98,295,969	133,148	98,162,821	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) .....	32,169,893	38,588,803
2. Reinsurance payable on paid losses and loss adjustment expenses .....		
3. Loss adjustment expenses .....	6,986,126	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)) .....	3,074,712	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 .....	277,207	342,094
20. Derivatives .....		
21. Payable for securities .....		
22. Payable for securities lending .....		
23. Liability for amounts held under uninsured plans .....		
24. Capital notes \$.....0 and interest thereon \$.....0 .....		
25. Aggregate write-ins for liabilities .....		
26. TOTAL liabilities excluding protected cell liabilities (Lines 1 through 25) .....	42,720,298	53,818,132
27. Protected cell liabilities .....		
28. TOTAL liabilities (Lines 26 and 27) .....	42,720,298	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) .....	(26,149,467)	(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) .....	55,442,523	48,581,221
38. TOTALS (Page 2, Line 28, Col. 3) .....	98,162,821	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	(6,337,500)	(769,710)	(12,339,913)
2.2 Assumed			
2.3 Ceded	(101,996)	55,741	(10,701,093)
2.4 Net	(6,235,504)	(825,452)	(1,638,820)
3. Loss adjustment expenses incurred	(2,619,001)	110,999	(75,641)
4. Other underwriting expenses incurred	1,436,005	1,392,323	1,892,415
5. Aggregate write-ins for underwriting deductions			
6. TOTAL underwriting deductions (Lines 2 through 5)	(7,418,500)	677,871	177,955
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	7,418,500	(677,871)	2,831,045
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	2,393,980	2,492,975	3,286,335
10. Net realized capital gains (losses) less capital gains tax of \$.....68,583	127,369	(37,442)	(50,344)
11. Net investment gain (loss) (Lines 9 + 10)	2,521,349	2,455,534	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	1,141	1,141
15. TOTAL other income (Lines 12 through 14)	35	1,141	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)	9,939,884	1,778,803	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)	9,939,884	1,778,803	6,068,177
19. Federal and foreign income taxes incurred	3,006,196	200,523	1,416,388
20. Net income (Line 18 minus Line 19) (to Line 22)	6,933,688	1,578,281	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)	6,933,688	1,578,281	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	(119,099)	(103,292)	(285,054)
27. Change in nonadmitted assets	46,712	213,743	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)	6,861,301	1,688,732	4,872,480
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	55,442,523	45,397,473	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	1,141	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	1,141	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 .....	2,732,648	2,802,799	3,749,942
3. Miscellaneous income .....	35	1,141	1,141
4. TOTAL (Lines 1 to 3) .....	5,281,517	5,000,909	5,948,052
5. Benefit and loss related payments .....	272,646	1,398,533	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 .....	5,117,294	5,611,872	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) .....	1,388,526	(2,665,279)	(2,665,279)
10. TOTAL (Lines 5 through 9) .....	6,778,465	4,345,125	7,712,608
11. Net cash from operations (Line 4 minus Line 10) .....	(1,496,948)	655,784	(1,764,556)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	12,287,972	13,521,842	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 .....	0	500,000	500,000
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....	12,287,972	14,021,842	18,670,392
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	9,276,857	15,768,416	17,734,530
13.2 Stocks .....			
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....		0	0
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....	9,276,857	15,768,416	17,734,530
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	3,011,115	(1,746,574)	935,862
<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) .....	(44,491)	(197,042)	(203,429)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(44,491)	(197,042)	(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) .....	1,469,676	(1,287,833)	(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) .....	4,114,867	2,389,482	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	
		Sep. 30, 2015	Dec. 31, 2014
Net Income – State Basis (Page 4, Line 20, Columns 1 & 3)	OH	\$ 6,933,688	\$ 4,651,789
Net Income – NAIC SAP	OH	\$ 6,933,688	\$ 4,651,789
Surplus – State Basis (Page 3, Line 37, Columns 1 & 2)	OH	\$ 55,442,523	\$ 48,581,221
Surplus – NAIC SAP	OH	\$ 55,442,523	\$ 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	\$	7,485
2. 12 Months or Longer	\$	14,252

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

1. Less than 12 Months	\$	2,008,761
2. 12 Months or Longer	\$	2,227,695

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 ½% 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>09/30/2015</b>	<b>12/31/2014</b>
TDC	\$ (29,918)	\$ 20,396
TDMC	(247,289)	(342,094)
Total Due (To)/From	\$ (277,207)	\$ (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	96,283,267	92,582,440	-	96,283,267	-	-
Cash, cash equivalents and short-term investments	4,114,867	4,114,867	4,114,867	-	-	-

## 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 \$8,854,504 from \$774,356,641 as of December 31, 2014 to \$765,502,137 as of September 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]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]
  
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
- 2.2 If yes, date of change: .....
  
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
  
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[ ] No[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?  
 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 [X]  
 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

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

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

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

Yes [ ] No [X]

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?  
 18.2 If no, list exceptions:

Yes [X] No [ ]

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?  
If yes, attach an explanation. Yes[ ] No[ ] N/A[X]
2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?  
If yes, attach an explanation. Yes[ ] No[X]
- 3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes[ ] No[X]  
3.2 If yes, give full and complete information thereto
- 4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? Yes[ ] No[X]  
4.2 If yes, complete the following schedule:

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

5. Operating Percentages:  
 5.1 A&H loss percent 0.000%  
 5.2 A&H cost containment percent 0.000%  
 5.3 A&H expense percent excluding cost containment expenses 0.000%
- 6.1 Do you act as a custodian for health savings accounts? Yes[ ] No[X]  
 6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0  
 6.3 Do you act as an administrator for health savings accounts? Yes[ ] No[X]  
 6.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0

## SCHEDULE F - CEDED REINSURANCE

**Showing all new reinsurers - Current Year to Date**

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
<b>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**

	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
States, Etc.	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama (AL)	N						
2. Alaska (AK)	L						
3. Arizona (AZ)	L						
4. Arkansas (AR)	L						
5. California (CA)	N						
6. Colorado (CO)	L						
7. Connecticut (CT)	N						
8. Delaware (DE)	N						
9. District of Columbia (DC)	N						
10. Florida (FL)	N						
11. Georgia (GA)	L						
12. Hawaii (HI)	N						
13. Idaho (ID)	L						
14. Illinois (IL)	L						427,122
15. Indiana (IN)	L			25,000	264,551		633,070
16. Iowa (IA)	L						
17. Kansas (KS)	L						
18. Kentucky (KY)	L			60,000		3,026,416	1,889,662
19. Louisiana (LA)	N						
20. Maine (ME)	N						
21. Maryland (MD)	L					36,131,396	42,037,350
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			98,406	910,000	9,927,384	20,684,848
37. Oklahoma (OK)	L						
38. Oregon (OR)	L						
39. Pennsylvania (PA)	L						1,511,730
40. Rhode Island (RI)	N						
41. South Carolina (SC)	N						
42. South Dakota (SD)	L						
43. Tennessee (TN)	L						
44. Texas (TX)	L						
45. Utah (UT)	L						
46. Vermont (VT)	N						
47. Virginia (VA)	N						
48. Washington (WA)	L					150,000	150,000
49. West Virginia (WV)	L						
50. Wisconsin (WI)	L						42,523
51. Wyoming (WY)	L						
52. American Samoa (AS)	N						
53. Guam (GU)	N						
54. Puerto Rico (PR)	N						
55. U.S. Virgin Islands (VI)	N						
56. Northern Mariana Islands (MP)	N						
57. Canada (CAN)	N						
58. Aggregate other alien (OT)	X X X						
59. Totals	(a) 33			183,406	1,174,551	49,235,196	67,376,305
<b>DETAILS OF WRITE-INS</b>							
58001	X X X						
58002	X X X						
58003	X X X						
58998 Summary of remaining write-ins for Line 58 from overflow page	X X X						
58999 TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X						

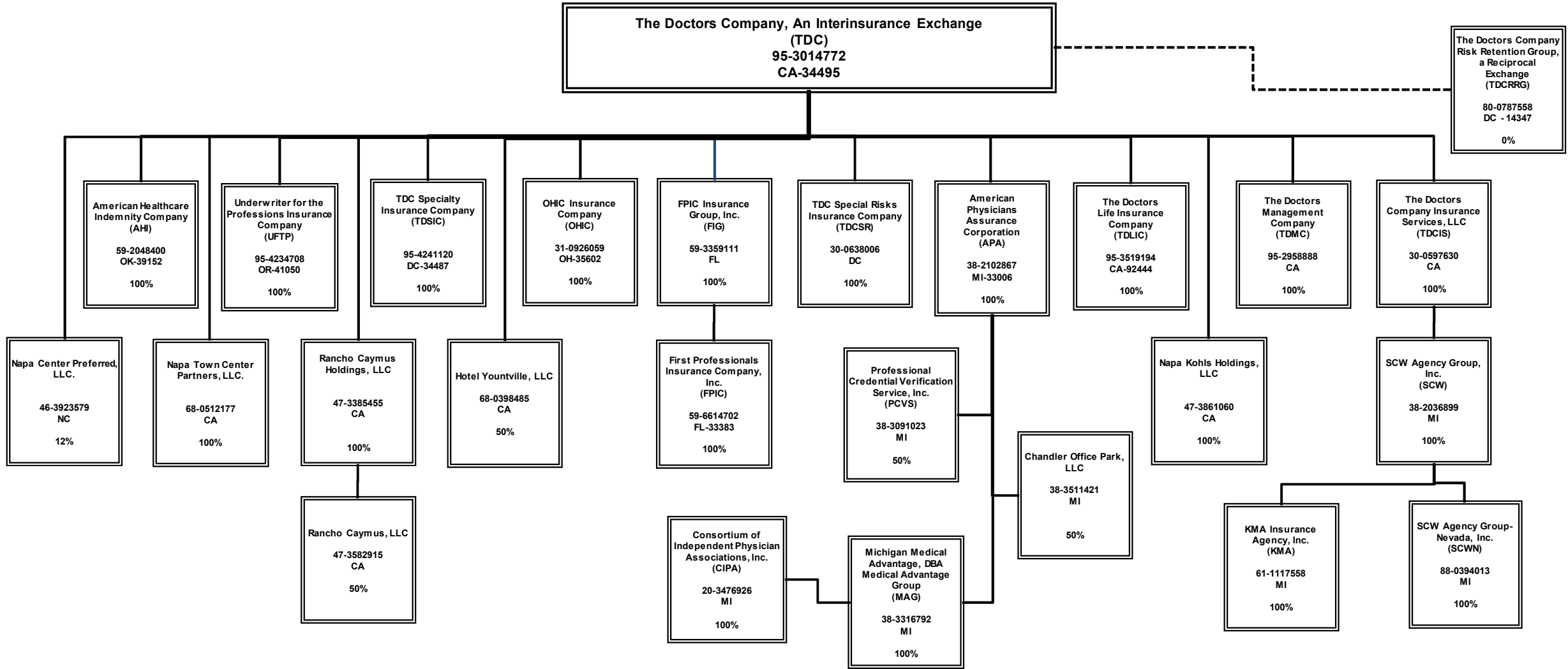
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART



**Notes:**  
 (a) AHI was redomesticated to Oklahoma effective October 6, 2015

Q11

**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
0831	The Doctors Group	34495	95-3014772				The Doctors Company, An Interinsurance Exchange	CA	UDP	The Doctors Management Company	Ownership, Board of Directors, Attorney-In-Fact			
0831	The Doctors Group	39152	59-2048400				American Healthcare Indemnity, Inc.	OK	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	39152	59-2048400				American Healthcare Indemnity, Inc.	OK	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	33006	38-2102867				American Physicians Assurance Corporation	MI	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	33006	38-2102867				American Physicians Assurance Corporation	MI	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	38-3511421				Chandler Office Park, LLC	MI	NIA	American Physicians Assurance Corporation	Influence	50.0	The Doctors Company, An Interinsurance Exchange, Chandler Farms, LLC	
0831	The Doctors Group	00000	20-3476926				Consortium of Independent Physician Associations, Inc.	MI	NIA	Michigan Medical Advantage, DBA Medical Advantage Group	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	33383	59-6614702				First Professionals Insurance Company, Inc.	FL	IA	FPIC Insurance Group, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	33383	59-6614702				First Professionals Insurance Company, Inc.	FL	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	59-3359111				FPIC Insurance Group, Inc.	FL	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	59-3359111				FPIC Insurance Group, Inc.	FL	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	68-0398485				Hotel Yountville, LLC	CA	NIA	The Doctors Company, An Interinsurance Exchange	Influence	50.0	The Doctors Company, An Interinsurance Exchange, Altamura Family, LLC	
0831	The Doctors Group	00000	61-1117558				KMA Insurance Agency, Inc.	MI	NIA	SCW Agency Group, Inc.	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	38-3316792				Michigan Medical Advantage, DBA Medical Advantage Group	MI	NIA	American Physicians Assurance Corporation	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	00000	38-3316792				Michigan Medical Advantage, DBA Medical Advantage Group	MI	NIA	American Physicians Assurance Corporation	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	46-3923579				Napa Center Preferred, LLC	NC	NIA	The Doctors Company, An Interinsurance Exchange	Influence	12.0	The Doctors Company, An Interinsurance Exchange, Napa Center Holdings, LLC	
0831	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	
0831	The Doctors Group	00000	68-0512177				Napa Town Center Partners, LLC	CA	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	35602	31-0926059				OHIC Insurance Company	OH	RE	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	
0831	The Doctors Group	35602	31-0926059				OHIC Insurance Company	OH	RE	The Doctors Management Company	Board of Directors, Management		The Doctors Management Company	
0831	The Doctors Group	00000	38-3091023				Professional Credential Verification Service, Inc.	MI	NIA	American Physicians Assurance Corporation	Ownership	50.0	The Doctors Company, An Interinsurance Exchange, MI State Medical Society	
0831	The Doctors Group	00000	38-3091023				Professional Credential Verification Service, Inc.	MI	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Company, An Interinsurance Exchange	

## 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)	*
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, George Altmura Jr, LLC	
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	

STATEMENT AS OF **September 30, 2015** OF THE **OHIC Insurance Company**  
**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		(5,850,000)		
11.2 Medical professional liability - claims made		(487,500)		
12. Earthquake				
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation				
17.1 Other liability - occurrence				
17.2 Other liability - claims made				
17.3 Excess Workers' Compensation				
18.1 Products liability - occurrence				
18.2 Products liability - claims made				
19.1 19.2 Private passenger auto liability				
19.3 19.4 Commercial auto liability				
21. Auto physical damage				
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft				
27. Boiler and machinery				
28. Credit				
29. International				
30. Warranty				
31. Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X	X X X
32. Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X	X X X
33. Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X	X X X
34. Aggregate write-ins for other lines of business				
35. TOTALS		(6,337,500)		
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)				

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire			
2. Allied lines			
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5. Commercial multiple peril			
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine			
10. Financial guaranty			
11.1 Medical professional liability - occurrence			
11.2 Medical professional liability - claims made			
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1 Other liability - occurrence			
17.2 Other liability - claims made			
17.3 Excess Workers' Compensation			
18.1 Products liability - occurrence			
18.2 Products liability - claims made			
19.1 19.2 Private passenger auto liability			
19.3 19.4 Commercial auto liability			
21. Auto physical damage			
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft			
27. Boiler and machinery			
28. Credit			
29. International			
30. Warranty			
31. Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X
32. Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X
33. Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X
34. Aggregate write-ins for other lines of business			
35. TOTALS			
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)			

**NONE**

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2015 Loss and LAE Payments on Claims Reported as of Prior Year-End	2015 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2015 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2012 + Prior .....	20,501	31,374	51,875	3,865		3,865	14,510		24,646	39,156	(2,127)	(6,728)	(8,854)
2. 2013 .....													
3. Subtotals 2013 + Prior .....	20,501	31,374	51,875	3,865		3,865	14,510		24,646	39,156	(2,127)	(6,728)	(8,854)
4. 2014 .....													
5. Subtotals 2014 + Prior .....	20,501	31,374	51,875	3,865		3,865	14,510		24,646	39,156	(2,127)	(6,728)	(8,854)
6. 2015 .....	X X X	X X X	X X X	X X X			X X X				X X X	X X X	X X X
7. Totals .....	20,501	31,374	51,875	3,865		3,865	14,510		24,646	39,156	(2,127)	(6,728)	(8,854)
8. Prior Year-End Surplus As Regards Policyholders .....	48,581										Col. 11, Line 7 As % of Col. 1 Line 7 1..... (10.373)	Col. 12, Line 7 As % of Col. 2 Line 7 2..... (21.444)	Col. 13, Line 7 As % of Col. 3 Line 7 3..... (17.069)
													Col. 13, Line 7 Line 8 4..... (18.226)

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STATEMENT AS OF **September 30, 2015** OF THE **OHIC Insurance Company**  
**SCHEDULE A - VERIFICATION**

**Real Estate**

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

**NONE**

**SCHEDULE B - VERIFICATION**

**Mortgage Loans**

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

**NONE**

**SCHEDULE BA - VERIFICATION**

**Other Long-Term Invested Assets**

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

**NONE**

**SCHEDULE D - VERIFICATION**

**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	95,727,147	96,695,277
2. Cost of bonds and stocks acquired .....	9,276,857	17,734,530
3. Accrual of discount .....	14,201	20,250
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....	195,952	(77,453)
6. Deduct consideration for bonds and stocks disposed of .....	12,287,972	18,170,392
7. Deduct amortization of premium .....	343,745	475,065
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) .....	92,582,440	95,727,147
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	92,582,440	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**

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	76,525,513	1,366,864	1,324,913	(57,896)	76,920,995	76,525,513	76,509,568	79,407,748
2. NAIC 2 (a) .....	15,647,619			(6,140)	17,124,016	15,647,619	15,641,479	16,188,644
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....	462,102		5,558	(150)	467,727	462,102	456,394	473,267
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	92,635,234	1,366,864	1,330,471	(64,186)	94,512,738	92,635,234	92,607,441	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 .....	92,635,234	1,366,864	1,330,471	(64,186)	94,512,738	92,635,234	92,607,441	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

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**SCHEDULE DA - PART 1****Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals .....	25,001	X X X	25,001	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 - U.S. Special Revenue, Special Assessment</b>									
3132QREV8	FHLMC PC GOLD PC 30YR		07/14/2015	Union Bank of CA	X X X	1,107,109	1,077,314	1,257	1
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					X X X	1,107,109	1,077,314	1,257	X X X
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
458140AQ3	INTEL CORP		07/22/2015	Wachovia Securities Markets	X X X	259,755	260,000		1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	259,755	260,000		X X X
8399997 Subtotal - Bonds - Part 3					X X X	1,366,864	1,337,314	1,257	X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	1,366,864	1,337,314	1,257	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	X X X	X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	1,366,864	X X X	1,257	X X X

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

# SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.								
<b>Bonds - U.S. Governments</b>																						
36296KMW9	GNMA #693473		09/15/2015	PRINCIPAL RECEIPT	X X X	2,746	2,746	2,761	2,768		(23)		(23)		2,746				111	06/15/2038	1	
36207JZR7	GNMA PASS-THRU X SINGLE FAMILY		09/15/2015	PRINCIPAL RECEIPT	X X X	274	274	277	274						274				12	05/15/2028	1	
36208WCM3	GNMA PASS-THRU X SINGLE FAMILY		09/15/2015	PRINCIPAL RECEIPT	X X X	11,267	11,267	11,250	11,249		18		18		11,267				546	07/15/2028	1	
36209NCP5	GNMA PASS-THRU X SINGLE FAMILY		09/15/2015	PRINCIPAL RECEIPT	X X X	106	106	108	106						106				5	05/15/2028	1	
36295QVU1	GNMA PASS-THRU X SINGLE FAMILY		09/15/2015	PRINCIPAL RECEIPT	X X X	3,567	3,567	3,595	3,606		(39)		(39)		3,567				144	11/15/2037	1	
36295XZZ1	GNMA PASS-THRU X SINGLE FAMILY		09/15/2015	PRINCIPAL RECEIPT	X X X	5,485	5,485	5,541	5,554		(69)		(69)		5,485				246	02/15/2038	1	
36296GRY9	GNMA PASS-THRU X SINGLE FAMILY		09/15/2015	PRINCIPAL RECEIPT	X X X	253	253	256	258		(5)		(5)		253				10	06/15/2038	1	
38377QQB6	GNMA REMIC TRUST 2011-29		09/20/2015	PRINCIPAL RECEIPT	X X X	43,612	43,612	46,832	46,839		(3,227)		(3,227)		43,612				1,256	05/20/2040	1	
0599999 Subtotal - Bonds - U.S. Governments					X X X	67,310	67,310	72,170	70,654		(3,345)		(3,345)		67,310				2,330	X X X	X X X	
<b>Bonds - U.S. Special Revenue, Special Assessment</b>																						
31288AV93	FHLMC C72440		09/15/2015	PRINCIPAL RECEIPT	X X X	50,912	50,912	52,314	51,738		(826)		(826)		50,912				1,931	10/01/2032	1	
3128PST49	FHLMC PC GOLD 15 YR		09/15/2015	PRINCIPAL RECEIPT	X X X	56,452	56,452	57,467	57,212		(760)		(760)		56,452				1,266	10/01/2025	1	
3132QREV8	FHLMC PC GOLD PC 30YR		09/15/2015	PRINCIPAL RECEIPT	X X X	16,249	16,249	16,699	16,249		(449)		(449)		16,249				47	07/01/2045	1	
3137ADCQ8	FHLMC REMIC SERIES 3896		09/15/2015	PRINCIPAL RECEIPT	X X X	97,353	97,353	101,004	100,135		(2,783)		(2,783)		97,353				2,495	03/15/2040	1	
3137ARXS0	FHLMC REMIC SERIES 4073		09/15/2015	PRINCIPAL RECEIPT	X X X	28,340	28,340	31,298	30,720		(2,380)		(2,380)		28,340				727	07/15/2041	1	
3137ASBP8	FHLMC REMIC SERIES 4077		09/15/2015	PRINCIPAL RECEIPT	X X X	26,414	26,414	28,506	27,919		(1,505)		(1,505)		26,414				593	11/15/2041	1	
3137B1RP9	FHLMC REMIC SERIES 4189		09/15/2015	PRINCIPAL RECEIPT	X X X	21,469	21,469	23,382	23,210		(1,740)		(1,740)		21,469				506	11/15/2042	1	
31383SSP6	FNMA #511826		09/25/2015	PRINCIPAL RECEIPT	X X X	926	926	944	926						926				37	07/01/2016	1	
31384VV33	FNMA #535334		09/25/2015	PRINCIPAL RECEIPT	X X X	1,266	1,266	1,308	1,296		(30)		(30)		1,266				71	06/01/2030	1	
31385JEL8	FNMA #545639		09/25/2015	PRINCIPAL RECEIPT	X X X	3,878	3,878	4,008	3,975		(97)		(97)		3,878				157	04/01/2032	1	
31385JEM6	FNMA #545640		09/25/2015	PRINCIPAL RECEIPT	X X X	9,391	9,391	9,856	9,717		(326)		(326)		9,391				422	04/01/2032	1	
31386TM51	FNMA #572880		09/25/2015	PRINCIPAL RECEIPT	X X X	399	399	399	398		1		1		399				15	04/01/2016	1	
31388NGU4	FNMA #609611		09/25/2015	PRINCIPAL RECEIPT	X X X	2,253	2,253	2,261	2,248		5		5		2,253				82	11/01/2016	1	
31388TFK4	FNMA #614070		09/25/2015	PRINCIPAL RECEIPT	X X X	515	515	523	515						515				19	11/01/2016	1	
31388UF70	FNMA #614990		09/25/2015	PRINCIPAL RECEIPT	X X X	3,181	3,181	3,229	3,182		(1)		(1)		3,181				124	12/01/2016	1	
31391SM64	FNMA #675481		09/25/2015	PRINCIPAL RECEIPT	X X X	793	793	820	813		(20)		(20)		793				16	02/01/2033	1	
31400WSW1	FNMA #699933		09/25/2015	PRINCIPAL RECEIPT	X X X	5,171	5,171	5,209	5,223		(51)		(51)		5,171				184	04/01/2033	1	
31406UK31	FNMA #820314		09/25/2015	PRINCIPAL RECEIPT	X X X	684	684	673	675		9		9		684				22	08/01/2035	1	
31411W4N4	FNMA #917129		09/25/2015	PRINCIPAL RECEIPT	X X X	4,062	4,062	4,001	4,013		49		49		4,062				128	06/01/2037	1	
31414SYU1	FNMA #975123		09/25/2015	PRINCIPAL RECEIPT	X X X	2,255	2,255	2,248	2,249		6		6		2,255				89	05/01/2038	1	
31371KZA9	FNMA PASS-THRU LNG 30 YEAR		09/25/2015	PRINCIPAL RECEIPT	X X X	13,510	13,510	14,550	14,866		(1,357)		(1,357)		13,510				472	02/01/2033	1	
3138ARG29	FNMA PASS-THRU LNG 30 YEAR		09/25/2015	PRINCIPAL RECEIPT	X X X	100,875	100,875	109,859	109,889		(9,014)		(9,014)		100,875				2,742	09/01/2041	1	
3138X5JQ1	FNMA PASS-THRU LNG 30 YEAR		09/25/2015	PRINCIPAL RECEIPT	X X X	13,770	13,770	14,563	14,506		(737)		(737)		13,770				633	09/01/2043	1	
31394AP26	FNMA REMIC TRUST 2004-76		09/25/2015	PRINCIPAL RECEIPT	X X X	24,175	24,175	25,716	24,856		(681)		(681)		24,175				406	10/25/2019	1	
3136A2QP1	FNMA REMIC TRUST 2011-132		09/25/2015	PRINCIPAL RECEIPT	X X X	41,765	41,765	45,067	43,865		(2,100)		(2,100)		41,765				1,199	08/25/2039	1	
3136ADLC1	FNMA REMIC TRUST 2013-29		09/25/2015	PRINCIPAL RECEIPT	X X X	61,201	61,201	65,748	65,164		(3,963)		(3,963)		61,201				1,376	01/25/2043	1	
3136AEZC0	FNMA REMIC TRUST 2013-70		09/25/2015	PRINCIPAL RECEIPT	X X X	77,414	77,414	81,599	80,465		(3,051)		(3,051)		77,414				1,735	10/25/2037	1	
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					X X X	664,673	664,673	703,251	679,775		(31,801)		(31,801)		664,673				17,494	X X X	X X X	
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																						
13975GAA6	CAPITAL AUTO REC V ABN 2014-1		08/20/2015	PRINCIPAL RECEIPT	X X X	49,243	49,243	49,242	49,244		(1)		(1)		49,243				223	05/20/2016	1FE	
126650BP4	CVS CAREMARK CORPORATION		09/10/2015	Sink PMT @ 100.0000000	X X X	5,558	5,558	5,669	5,664		(106)		(106)		5,558				224	12/10/2028	4AM	
34529UAD6	FORD CREDIT AUTO TR 2012-A		09/15/2015	PRINCIPAL RECEIPT	X X X	87,880	87,880	87,857	87,879						87,880				604	06/15/2017	1FE	
59022HNC2	ML MTG TRUST 2005-LC1 20440112 FLT		09/12/2015	PRINCIPAL RECEIPT	X X X	451,078	451,078	490,688	455,895		(4,816)		(4,816)		451,078				15,228	01/12/2044	1FM	
61748HAR2	MORGAN STANLEY CAP 2004-5AR		09/25/2015	PRINCIPAL RECEIPT	X X X	4,729	4,729	4,748	4,680		50		50		4,729				69	07/25/2034	1FM	
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	598,488	598,488	638,204	603,362		(4,873)		(4,873)		598,488				16,348	X X X	X X X	
8399997 Subtotal - Bonds - Part 4					X X X	1,330,471	1,330,471	1,413,625	1,353,791		(40,019)		(40,019)		1,330,471				36,172	X X X	X X X	
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X		X X X		X X X		X X X				X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	1,330,471	1,330,471	1,413,625	1,353,791		(40,019)		(40,019)		1,330,471				36,172	X X X	X X X	
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X		X X X		X X X		X X X				X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X		X X X		X X X		X X X				X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	X X X	X X X	X X X	X X X		X X X		X X X		X X X				X X X	X X X	X X X	X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	1,330,471	1,330,471	1,413,625	1,353,791		(40,019)		(40,019)		1,330,471				36,172	X X X	X X X	

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

**E06 Schedule DB Part A Section 1 ..... NONE**

**E07 Schedule DB Part B Section 1 ..... NONE**

**E08 Schedule DB Part D Section 1 ..... NONE**

**E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity ..... NONE**

**E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity ..... NONE**

**E10 Schedule DL - Part 1 - Securities Lending Collateral Assets ..... NONE**

**E11 Schedule DL - Part 2 - Securities Lending Collateral Assets ..... NONE**

**SCHEDULE E - PART 1 - CASH****Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
<b>open depositories</b>									
Wells Fargo Bank, N.A. ....	San Francisco, CA .....			76		3,322,563	2,735,701	1,875,214	X X X
MUFG Union Bank, N.A. ....	San Francisco, CA .....			630		1,819,901	1,443,103	2,214,652	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories .....		X X X	X X X						X X X
0199999 Totals - Open Depositories .....		X X X	X X X	706		5,142,464	4,178,804	4,089,866	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....		X X X	X X X						X X X
0299999 Totals - Suspended Depositories .....		X X X	X X X						X X X
0399999 Total Cash On Deposit .....		X X X	X X X	706		5,142,464	4,178,804	4,089,866	X X X
0499999 Cash in Company's Office .....		X X X	X X X	X X X	X X X				X X X
0599999 Total Cash .....		X X X	X X X	706		5,142,464	4,178,804	4,089,866	X X X

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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



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

**Physicians, including surgeons and osteopaths**

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

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, Etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred but not Reported
1. Alabama (AL)								
2. Alaska (AK)								
3. Arizona (AZ)								
4. Arkansas (AR)								
5. California (CA)								
6. Colorado (CO)								
7. Connecticut (CT)								
8. Delaware (DE)								
9. District of Columbia (DC)								
10. Florida (FL)								
11. Georgia (GA)								
12. Hawaii (HI)								
13. Idaho (ID)								
14. Illinois (IL)								
15. Indiana (IN)			25,000	1	(352,932)			
16. Iowa (IA)								
17. Kansas (KS)								
18. Kentucky (KY)			60,000	1	1,196,754	1,000,000	1	2,026,416
19. Louisiana (LA)								
20. Maine (ME)								
21. Maryland (MD)					(77,098)			
22. Massachusetts (MA)								
23. Michigan (MI)								
24. Minnesota (MN)								
25. Mississippi (MS)								
26. Missouri (MO)								
27. Montana (MT)								
28. Nebraska (NE)								
29. Nevada (NV)								
30. New Hampshire (NH)								
31. New Jersey (NJ)								
32. New Mexico (NM)								
33. New York (NY)								
34. North Carolina (NC)								
35. North Dakota (ND)								
36. Ohio (OH)			35,000	1	375,007	500,000	4	1,071,832
37. Oklahoma (OK)								
38. Oregon (OR)								
39. Pennsylvania (PA)					(1,511,730)			
40. Rhode Island (RI)								
41. South Carolina (SC)								
42. South Dakota (SD)								
43. Tennessee (TN)								
44. Texas (TX)								
45. Utah (UT)								
46. Vermont (VT)								
47. Virginia (VA)								
48. Washington (WA)								
49. West Virginia (WV)								
50. Wisconsin (WI)								
51. Wyoming (WY)								
52. American Samoa (AS)								
53. Guam (GU)								
54. Puerto Rico (PR)								
55. U.S. Virgin Islands (VI)								
56. Northern Mariana Islands (MP)								
57. Canada (CAN)								
58. Aggregate other alien (OT)								
59. Totals			120,000	3	(370,000)	1,500,000	5	3,098,248
<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**

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, Etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred but not Reported
1. Alabama (AL)								
2. Alaska (AK)								
3. Arizona (AZ)								
4. Arkansas (AR)								
5. California (CA)								
6. Colorado (CO)								
7. Connecticut (CT)								
8. Delaware (DE)								
9. District of Columbia (DC)								
10. Florida (FL)								
11. Georgia (GA)								
12. Hawaii (HI)								
13. Idaho (ID)								
14. Illinois (IL)								
15. Indiana (IN)								
16. Iowa (IA)								
17. Kansas (KS)								
18. Kentucky (KY)								
19. Louisiana (LA)								
20. Maine (ME)								
21. Maryland (MD)					(1,588,757)	11,148,007	35	24,983,389
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)			63,406	3	(4,378,743)	2,335,002	8	6,020,550
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			63,406	3	(5,967,500)	13,483,009	43	31,003,939
<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**

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