12233201620100100 2016 Document Code: 201

ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 2016

OF THE CONDITION AND AFFAIRS OF THE

HEALTHCARE UNDERWRITERS GROUP, INC.

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

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

Country of Domicile United States of America

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

Statutory Home Office 1900 Polaris Parkway, Suite 450 (Street and Number), Columbus, OH, US 43240-4064 (City or Town, State, Country and Zip Code)

Main Administrative Office 1250 South Pine Island Road, Suite 300 (Street and Number)
Plantation, FL, US 33324-4402 (City or Town, State, Country and Zip Code) (866)484-5715 (Area Code) (Telephone Number)

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

Primary Location of Books and Records 1250 South Pine Island Road, Suite 300 (Street and Number)
Plantation, FL, US 33324-4402 (City or Town, State, Country and Zip Code) (866)484-5715 (Area Code) (Telephone Number)

Internet Website Address www.hugroupinc.com

Statutory Statement Contact Thomas William Mueller, CPA, CGMA (Name) (866)484-5716 (Area Code)(Telephone Number)(Extension)
tmueller@hugroupinc.com (E-Mail Address) (877)895-0996 (Fax Number)

OFFICERS

Name	Title
Joshua Marc Salman	CEO & President
David Wayne Lester CPA, CGMA	Treasurer, VP, CFO
Thomas William Mueller CPA, CGMA	Secretary, VP Finance & Controller
William Carl Ludwig JD	VP, Chief Claims Officer

OTHERS

DIRECTORS OR TRUSTEES

Joshua Marc Salman
William Carl Ludwig JD
David Wayne Lester CPA, CGMA
Thomas William Mueller CPA, CGMA

State of Ohio
County of Franklin ss

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

(Signature)	(Signature)	(Signature)
Joshua Marc Salman	David Wayne Lester, CPA, CGMA	Thomas William Mueller, CPA, CGMA
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
CEO & President	Treasurer, VP, CFO	Secretary, VP Finance & Controller
(Title)	(Title)	(Title)

Subscribed and sworn to before me this
_________ day of _________ , 2017

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

(Notary Public Signature)

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

12233201643010100 2016 Document Code: 430

NAIC Group Code: BUSINESS IN THE STATE OF **FLORIDA** DURING THE YEAR NAIC Company Code: 12233

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability	5,869,155	5,881,987		2,519,586	2,117,500	165,377	5,653,648	3,042,928	3,291,251	5,088,894	534,719	121,181
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	5,869,155	5,881,987		2,519,586	2,117,500	165,377	5,653,648	3,042,928	3,291,251	5,088,894	534,719	121,181
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

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

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

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

12233201643015100 2016 Document Code: 430

NAIC Group Code:

BUSINESS IN THE STATE OF **INDIANA** DURING THE YEAR

NAIC Company Code: 12233

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability	14,760	14,194		566		3,371	3,371		5,055	5,055	1,476	4,761
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	14,760	14,194		566		3,371	3,371		5,055	5,055	1,476	4,761
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $...............0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ....0 and number of persons insured under indemnity only products ....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

12233201643018100 2016 Document Code: 430

NAIC Group Code: BUSINESS IN THE STATE OF **KENTUCKY** DURING THE YEAR NAIC Company Code: 12233

19 Kentucky

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability	2,729,791	2,894,338		1,048,348	1,097,500	1,147,352	6,147,168	2,300,888	2,147,564	2,528,507	220,638	63,905
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	2,729,791	2,894,338		1,048,348	1,097,500	1,147,352	6,147,168	2,300,888	2,147,564	2,528,507	220,638	63,905
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

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

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

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

12233201643036100 2016 Document Code: 430

NAIC Group Code: BUSINESS IN THE STATE OF **OHIO** DURING THE YEAR NAIC Company Code: 12233

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability	4,460,540	5,089,161		1,769,533	1,617,752	(1,648,749)	3,205,646	2,213,713	1,971,393	3,065,421	306,730	141,479
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	4,460,540	5,089,161		1,769,533	1,617,752	(1,648,749)	3,205,646	2,213,713	1,971,393	3,065,421	306,730	141,479
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $...............0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ....0 and number of persons insured under indemnity only products ....0.

12233201643044100 2016 Document Code: 430

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

NAIC Group Code:

BUSINESS IN THE STATE OF **TEXAS** DURING THE YEAR

NAIC Company Code: 12233

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												2,100
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												2,100
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

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

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

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

12233201643059100 2016 Document Code: 430

19 Grand Total

NAIC Group Code:

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code: 12233

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken 1 Direct Premiums Written	2 Direct Premiums Earned	3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability	13,074,246	13,879,680		5,338,033	4,832,752	(332,649)	15,009,833	7,557,529	7,415,263	10,687,877	1,063,563	333,426
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	13,074,246	13,879,680		5,338,033	4,832,752	(332,649)	15,009,833	7,557,529	7,415,263	10,687,877	1,063,563	333,426
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

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

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

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On 6 Paid Losses and Loss Adjustment Expenses	Reinsurance On 7 Known Case Losses and LAE	Reinsurance On 8 Columns 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
Other U.S. Unaffiliated Insurers														
02-0584391	11260	NEVADA MUT INS CO INC	NV	4,333		4,031	4,031		1,769	1,997	100			5,597
0999998 Total - Other U.S. Unaffiliated Insurers - Reinsurance for which the total of Column 8 is less than $100,000														
0999999 Total - Other U.S. Unaffiliated Insurers				4,333		4,031	4,031		1,769	1,997	100			5,597
1099998 Total - Pools and Associations - Mandatory Pools - Reinsurance for which the total of Column 8 is less than $100,000														
1099999 Total - Pools and Associations - Mandatory Pools - Pools, Associations or Other Similar Facilities														
1199998 Total - Pools and Associations - Voluntary Pools - Reinsurance for which the total of Column 8 is less than $100,000														
1199999 Total - Pools and Associations - Voluntary Pools - Pools, Associations or Other Similar Facilities														
1299999 Total - Pools and Associations														
1399998 Total - Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than $100,000														
1399999 Total - Other Non-U.S. Insurers														
9999999 Totals				4,333		4,031	4,031		1,769	1,997	100			5,597

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
		NONE			
0299999 Total Reinsurance Assumed By Portfolio					

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Columns 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
Authorized - Other U.S. Unaffiliated Insurers																		
06-1481194	10829	MARKEL GLOBAL REINS CO	DE					104	14	21	24			163	(67)		230	
0999998 Total - Authorized - Other U.S. Unaffiliated Insurers (Under $100,000)																		
0999999 Total - Authorized - Other U.S. Unaffiliated Insurers								104	14	21	24			163	(67)		230	
Authorized - Other Non-U.S. Insurers																		
AA-1120337	00000	Aspen Ins UK Ltd	GBR		281			325	24	357	368	97		1,171	156		1,015	
AA-1126435	00000	LLOYD'S SYNDICATE NUMBER 435	GBR					90	4	40	32			166	41		125	
AA-1126566	00000	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999)	GBR					50	3	12	11			76	(26)		102	
AA-1126727	00000	LLOYD'S SYNDICATE NUMBER 727	GBR		28			90	4	34	41	10		179	(43)		222	
AA-1126958	00000	LLOYD'S SYNDICATE NUMBER 958	GBR		11		2	1	1	11	13	4		32	5		27	
AA-1127084	00000	LLOYD'S SYNDICATE NUMBER 1084	GBR		67		7	4	2	46	55	23		137	15		122	
AA-1126033	00000	LLOYD'S SYNDICATE NUMBER 33	GBR		112					59	59	51		169	27		142	
AA-1128003	00000	LLOYD'S SYNDICATE NUMBER 2003	GBR		75		9	61	5	121	105	34		335	94		241	
AA-1128488	00000	LLOYD'S SYNDICATE NUMBER 2488	GBR		136		30	15	7	89	79	71		291	36		255	
AA-1127200	00000	Lloyd's Syndicate Number 1200	GBR							2	7			9			9	
AA-1128791	00000	LLOYD'S SYNDICATE NUMBER 2791	GBR							7	12			19	4		15	
AA-1126006	00000	Lloyd's Syndicate Number 4472	GBR		36		5	2	1	27	21	21		77	15		62	
AA-1126004	00000	LLOYD'S SYNDICATE NUMBER 4444	GBR		95		4	2	1	87	67	56		217	54		163	
AA-1340125	00000	Hannover Rueck SE	DEU		374					197	197	172		566	92		474	
AA-1128000	00000	LLOYD'S SYNDICATE NUMBER 2000 (Incidental to 2999)	GBR							1	1			2			2	
1299998 Total - Authorized - Other Non-U.S. Insurers (Under $100,000)																		
1299999 Total - Authorized - Other Non-U.S. Insurers					1,215		57	640	52	1,090	1,068	539		3,446	470		2,976	
1399999 Total - Authorized					1,215		57	744	66	1,111	1,092	539		3,609	403		3,206	
Unauthorized - Other Non-U.S. Insurers																		
AA-3194161	00000	Catlin Ins Co Ltd	BMU		103			143	12	129	129	44		457	(34)		491	
AA-1460019	00000	Amlin AG	CHE		84			5	2	72	84	29		192	26		166	
AA-3190829	00000	Markel Bermuda Ltd	BMU												10		(10)	
AA-3190795	00000	Catalina Safety Reins Ltd	BMU					188	9	67	51			315	25		290	
2599998 Total - Unauthorized - Other Non-U.S. Insurers (Under $100,000)																		
2599999 Total - Unauthorized - Other Non-U.S. Insurers					187			336	23	268	264	73		964	27		937	
2699999 Total - Unauthorized					187			336	23	268	264	73		964	27		937	
4099999 Total - Authorized, Unauthorized and Certified					1,402		57	1,080	89	1,379	1,356	612		4,573	430		4,143	
4199999 Total - Protected Cells																		
9999999 Totals					1,402		57	1,080	89	1,379	1,356	612		4,573	430		4,143	

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

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

Schedule F Part 3 Ceded Reinsurance (continued)

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

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1)	Aspen Ins UK Ltd	1,171	281	Yes[ ] No[X]
2)	Hannover Rueck SE	566	374	Yes[ ] No[X]
3)	Catlin Ins Co Ltd	457	103	Yes[ ] No[X]
4)	Lloyd's Syndicate Number 2003	335	75	Yes[ ] No[X]
5)	Catalina Safety Reins Ltd	315		Yes[ ] No[X]

SCHEDULE F - PART 4

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

1	2	3	4	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12	13
				5	Overdue					11		
					6	7	8	9	10			
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Current	1 - 29 Days	30-90 Days	91-120 Days	Over 120 Days	Total Overdue Columns 6 + 7 + 8 + 9	Total Due Cols. 5 + 10	Percentage Overdue Col. 10/Col. 11	Percentage More Than 120 Days Overdue Col. 9/Col. 11
Authorized - Other Non-U.S. Insurers												
AA-1126958	00000	LLOYD'S SYNDICATE NUMBER 958	GBR			2			2	2	100.0	
AA-1127084	00000	LLOYD'S SYNDICATE NUMBER 1084	GBR			7			7	7	100.0	
AA-1128003	00000	LLOYD'S SYNDICATE NUMBER 2003	GBR			9			9	9	100.0	
AA-1128488	00000	LLOYD'S SYNDICATE NUMBER 2488	GBR			30			30	30	100.0	
AA-1126006	00000	Lloyd's Syndicate Number 4472	GBR			5			5	5	100.0	
AA-1126004	00000	LLOYD'S SYNDICATE NUMBER 4444	GBR			4			4	4	100.0	
1299999 Total - Authorized - Other Non-U.S. Insurers						57			57	57	100.0	
1399999 Total - Authorized						57			57	57	100.0	
4099999 Total - Authorized, Unauthorized and Certified						57			57	57	100.0	
4199999 Total - Protected Cells												
9999999 Totals						57			57	57	100.0	

SCHEDULE F - PART 5

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Recoverable All Items Schedule F Pt. 3, Col.15	7 Funds Held By Company Under Reinsurance Treaties	8 Letters of Credit	9 Issuing or Confirming Bank Reference Number (a)	10 Ceded Balances Payable	11 Miscel-laneous Balances Payable	12 Trust Funds and Other Allowed Offset Items	13 Total Collateral and Offsets Allowed (Cols. 7+8+10 +11+12 But Not in Excess of Col. 6)	14 Provision for Unauth-orized Reins-urance (Col. 6 minus Col. 13)	15 Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due Not In Dispute	16 20 % of Amount in Col. 15	17 20% of Amount in Dispute Included in Column 6	18 Provision for Overdue Reins-urance (Col. 16 plus Col. 17)	19 Total Provision for Reinsurance Ceded to Unauth-orized Reinsurers (Col. 14 + Col. 18 but not in Excess of Col. 6)
Other Non-U.S. Insurers																		
AA-3194161	00000	Catlin Ins Co Ltd	BMU		457		903	0001	(34)			457						
AA-3190795	00000	Catalina Safety Reins Ltd	BMU		315		344	0002	25			315						
AA-1460019	00000	Amlin AG	CHE		192		388	0003	26			192						
AA-3190829	00000	Markel Bermuda Ltd	BMU					0004	10									
1299999 Total - Other Non-U.S. Insurers					964		1,635	XXX	27			964						
1399999 Total - Affiliates and Others					964		1,635	XXX	27			964						
1499999 Total - Protected Cells								XXX										
9999999 Totals					964		1,635	XXX	27			964						

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

(a)

Issuing or Confirming Bank Reference Number	Letter of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letter of Credit Amount
0001	1	026009632	Bank of Tokyo-Mitsubishi UFJ	80
0001	3	021000089	Citibank, N.A.	823
0002	3	072000096	Comerica Bank	344
0003	3	026002574	Barclays Bank	388

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

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

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

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

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Column 3)				
1.	Cash and invested assets (Line 12)	83,333,940		83,333,940
2.	Premiums and considerations (Line 15)	1,962,977		1,962,977
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	57,178		57,178
4.	Funds held by or deposited with reinsured companies (Line 16.2)	100,000		100,000
5.	Other assets	1,265,971		1,265,971
6.	Net amount recoverable from reinsurers		4,085,589	4,085,589
7.	Protected cell assets (Line 27)			
8.	TOTALS (Line 28)	86,720,066	4,085,589	90,805,655
LIABILITIES (Page 3)				
9.	Losses and loss adjustment expenses (Lines 1 through 3)	27,842,150	3,904,000	31,746,150
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	893,486		893,486
11.	Unearned premiums (Line 9)	7,918,215	612,000	8,530,215
12.	Advance premiums (Line 10)	1,016,913		1,016,913
13.	Dividends declared and unpaid (Line 11.1 and 11.2)			
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	430,411	(430,411)	
15.	Funds held by company under reinsurance treaties (Line 13)			
16.	Amounts withheld or retained by company for account of others (Line 14)			
17.	Provision for reinsurance (Line 16)			
18.	Other liabilities	501,490		501,490
19.	TOTAL Liabilities excluding protected cell business (Line 26)	38,602,665	4,085,589	42,688,254
20.	Protected cell liabilities (Line 27)			
21.	Surplus as regards policyholders (Line 37)	48,117,401	X X X	48,117,401
22.	TOTALS (Line 38)	86,720,066	4,085,589	90,805,655

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

If yes, give full explanation:

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

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

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

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

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

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

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

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

SCHEDULE P - PART 1F - SECTION 1

MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported - Direct and Assumed
	Direct and Assumed	Ceded	Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX									XXX
2. 2007	825	143	682			14		37			51	1
3. 2008	1,192	172	1,020			54		38			92	4
4. 2009	976	137	839	47		97		43			187	4
5. 2010	606	60	546			196		31			227	3
6. 2011	1,913	210	1,703			229		118			347	2
7. 2012	1,054	124	930			17		38			55	3
8. 2013	2,616	361	2,255	913		600		91			1,604	12
9. 2014	655	71	584			7		25			32	1
10. 2015	885	75	810			55		12			67	5
11. 2016	1,488	146	1,342					10			10	
12. Totals	XXX	XXX	XXX	960		1,269		443			2,672	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2007													
3. 2008													
4. 2009													
5. 2010													
6. 2011	500	225			20	9						286	1
7. 2012			41	5			42	4	6			80	
8. 2013	50		62	37	46		61	29	37			190	3
9. 2014	30		81	8	21		79	15	17			205	1
10. 2015	30		235	49	22		211	53	27			423	3
11. 2016			550	41			541	36	76			1,090	
12. Totals	610	225	969	140	109	9	934	137	163			2,274	8

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2007	51		51	6.2		7.5					
3. 2008	92		92	7.7		9.0					
4. 2009	187		187	19.2		22.3					
5. 2010	227		227	37.5		41.6					
6. 2011	867	234	633	45.3	111.4	37.2				275	11
7. 2012	144	9	135	13.7	7.3	14.5				36	44
8. 2013	1,860	66	1,794	71.1	18.3	79.6				75	115
9. 2014	260	23	237	39.7	32.4	40.6				103	102
10. 2015	592	102	490	66.9	136.0	60.5				216	207
11. 2016	1,177	77	1,100	79.1	52.7	82.0				509	581
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,214	1,060

SCHEDULE P - PART 1F - SECTION 2

MEDICAL PROFESSIONAL LIABILITY - CLAIMS - MADE

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2007	24,301	4,056	20,245	4,106	1,325	5,557	386	1,232			9,184	110
3. 2008	23,697	2,313	21,384	5,272	1,204	6,307	592	1,421			11,204	104
4. 2009	22,828	3,245	19,583	8,460	2,496	9,329	791	1,369			15,871	146
5. 2010	20,916	2,217	18,699	6,897	1,848	8,033	422	1,159			13,819	128
6. 2011	18,818	1,171	17,647	2,304	45	5,433	21	913			8,584	93
7. 2012	16,730	2,125	14,605	1,979	180	4,375	30	641			6,785	98
8. 2013	14,507	1,262	13,245	3,909	1,292	6,604	309	591			9,503	83
9. 2014	14,180	3,223	10,957	1,656	257	2,688	12	316			4,391	72
10. 2015	17,005	2,397	14,608	856	34	2,310	4	220			3,348	204
11. 2016	16,338	1,164	15,174	47		825		94			966	288
12. Totals	XXX	XXX	XXX	35,486	8,681	51,461	2,567	7,956			83,655	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior	30		1		36		4					71	1
2. 2007													
3. 2008			11	7			35	34	5			10	
4. 2009	276		40	30	88		39	26	31			418	6
5. 2010	177		34	24	97		17	11	21			311	5
6. 2011	1,477	540	173	168	326	23	151	113	189			1,472	13
7. 2012	902	225	94	63	424	16	80	48	107			1,255	10
8. 2013	1,461	90	320	151	693	41	296	121	176			2,543	18
9. 2014	867		977	200	559		849	225	230			3,057	20
10. 2015	2,375		1,431	217	1,266		1,385	446	350			6,144	101
11. 2016	3,426		2,231	379	2,629		2,022	195	553			10,287	244
12. Totals	10,991	855	5,312	1,239	6,118	80	4,878	1,219	1,662			25,568	418

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	31	40
2. 2007	10,895	1,711	9,184	44.8	42.2	45.4					
3. 2008	13,051	1,837	11,214	55.1	79.4	52.4				4	6
4. 2009	19,632	3,343	16,289	86.0	103.0	83.2				286	132
5. 2010	16,435	2,305	14,130	78.6	104.0	75.6				187	124
6. 2011	10,966	910	10,056	58.3	77.7	57.0				942	530
7. 2012	8,602	562	8,040	51.4	26.4	55.0				708	547
8. 2013	14,050	2,004	12,046	96.8	158.8	90.9				1,540	1,003
9. 2014	8,142	694	7,448	57.4	21.5	68.0				1,644	1,413
10. 2015	10,193	701	9,492	59.9	29.2	65.0				3,589	2,555
11. 2016	11,827	574	11,253	72.4	49.3	74.2				5,278	5,009
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	14,209	11,359

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE P - PART 2F - SECTION 1

MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior	265	152	153	154	69	97	94	77	30	30		(47)
2. 2007	609	333	332	102	58	55	71	54	14	14		(40)
3. 2008	XXX	937	938	313	91	115	141	141	54	54		(87)
4. 2009	XXX	XXX	578	647	210	216	215	215	200	144	(56)	(71)
5. 2010	XXX	XXX	XXX	553	312	383	248	247	249	196	(53)	(51)
6. 2011	XXX	XXX	XXX	XXX	1,438	818	348	576	575	515	(60)	(61)
7. 2012	XXX	XXX	XXX	XXX	XXX	939	496	294	112	91	(21)	(203)
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1,790	1,776	1,680	1,666	(14)	(110)
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	638	213	195	(18)	(443)
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	510	451	(59)	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,014	XXX	XXX
12. TOTALS											(281)	(1,113)

SCHEDULE P - PART 2F - SECTION 2

MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE

1. Prior	13,908	11,223	10,200	8,373	7,443	6,509	6,334	6,318	6,504	6,262	(242)	(56)
2. 2007	13,588	13,050	9,950	9,854	8,934	8,271	8,193	7,991	7,966	7,952	(14)	(39)
3. 2008	XXX	14,861	12,210	10,911	10,557	9,652	10,323	10,082	9,857	9,788	(69)	(294)
4. 2009	XXX	XXX	14,008	15,399	15,956	14,814	13,933	15,346	15,016	14,889	(127)	(457)
5. 2010	XXX	XXX	XXX	14,399	14,105	13,790	14,440	13,644	12,886	12,950	64	(694)
6. 2011	XXX	XXX	XXX	XXX	11,563	10,750	8,220	9,074	8,979	8,954	(25)	(120)
7. 2012	XXX	XXX	XXX	XXX	XXX	11,086	9,050	8,198	7,523	7,292	(231)	(906)
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	13,035	12,213	11,542	11,279	(263)	(934)
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,817	6,704	6,902	198	(915)
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,352	8,922	(1,430)	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,606	XXX	XXX
12. TOTALS											(2,139)	(4,415)

SCHEDULE P - PART 2G

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

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX								
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

NONE

SCHEDULE P - PART 2H - SECTION 1

OTHER LIABILITY - OCCURRENCE

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX								
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

NONE

SCHEDULE P - PART 2H - SECTION 2

OTHER LIABILITY - CLAIMS-MADE

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX								
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

NONE

59 Schedule P - Part 2I - Special Property (Fire, Ald. Lines, Inld Mar.) . . . . NONE

59 Schedule P - Part 2J - Auto Physical Damage . . . . NONE

59 Schedule P - Part 2K - Fidelity/Surety . . . . NONE

59 Schedule P - Part 2L - Other (Incl. Credit, Accident and Health) . . . . NONE

59 Schedule P - Part 2M - International . . . . NONE

60 Schedule P - Part 2N - Reins. Nonproportional Assumed Property . . . . NONE

60 Schedule P - Part 2O - Reins. Nonproportional Assumed Liability . . . . NONE

60 Schedule P - Part 2P - Reins. Nonproportional Assumed Financial Lines . . . . . NONE

61 Schedule P - Part 2R Sn 1 - Products Liability - Occurrence . . . . NONE

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

61 Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty . . . . NONE

61 Schedule P - Part 2T - Warranty . . . . NONE

62 Schedule P - Part 3A - Homeowners/Farmowners . . . . NONE

62 Schedule P - Part 3B - Private Passenger Auto Liability/Medical . . . . NONE

62 Schedule P - Part 3C - Comm. Auto/Truck Liability/Medical . . . . NONE

62 Schedule P - Part 3D - Workers' Compensation (Excl. Excess Workers' Comp.) NONE

62 Schedule P - Part 3E - Commercial Multiple Peril . . . . NONE

SCHEDULE P - PART 3F SECTION 1

MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										11	12
Years in Which Losses Were Incurred	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
1. Prior	000					30	30	30	30	30		2
2. 2007						14	14	14	14	14		1
3. 2008	XXX	6	6	6	6	54	54	54	54	54		4
4. 2009	XXX	XXX		13	43	144	144	144	144	144	3	1
5. 2010	XXX	XXX	XXX	24	138	175	194	196	196	196		3
6. 2011	XXX	XXX	XXX	XXX		30	67	174	217	229		1
7. 2012	XXX	XXX	XXX	XXX	XXX	13	23	17	17	17	3	6
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	77	743	1,187	1,513		3
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			7		
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		55		2
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3F SECTION 2

MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE

1. Prior	000	2,149	3,744	5,031	5,929	6,006	6,102	6,144	6,191	6,191	38	140
2. 2007	453	2,824	3,847	5,592	6,881	7,696	7,894	7,986	7,966	7,952	24	86
3. 2008	XXX	463	2,283	4,598	6,323	7,165	8,009	9,078	9,449	9,783	27	77
4. 2009	XXX	XXX	790	4,597	8,576	9,995	11,400	13,117	13,894	14,502	39	101
5. 2010	XXX	XXX	XXX	727	4,478	8,149	10,065	11,422	11,873	12,660	32	91
6. 2011	XXX	XXX	XXX	XXX	592	2,823	4,076	5,814	6,452	7,671	17	64
7. 2012	XXX	XXX	XXX	XXX	XXX	658	2,266	4,013	5,213	6,144	14	68
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	813	3,944	6,220	8,912	20	51
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	621	2,186	4,075	10	42
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	673	3,128	6	97
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	872	7	37

SCHEDULE P - PART 3G

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

NONE

1. Prior	000										XXX	XXX
2. 2007											XXX	XXX
3. 2008	XXX										XXX	XXX
4. 2009	XXX	XXX									XXX	XXX
5. 2010	XXX	XXX	XXX								XXX	XXX
6. 2011	XXX	XXX	XXX	XXX							XXX	XXX
7. 2012	XXX	XXX	XXX	XXX	X						XXX	XXX
8. 2013	XXX	XXX	XXX	XXX	X						XXX	XXX
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3H SECTION 1

OTHER LIABILITY - OCCURRENCE

NONE

1. Prior	000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	X							
8. 2013	XXX	XXX	XXX	XXX	X							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3H SECTION 2

OTHER LIABILITY - CLAIMS MADE

NONE

1. Prior	000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	X							
8. 2013	XXX	XXX	XXX	XXX	X							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

64 Schedule P - Part 3I - Special Property (Fire, Ald. Lines, Inld Mar.) . . . . NONE

64 Schedule P - Part 3J - Auto Physical Damage . . . . NONE

64 Schedule P - Part 3K - Fidelity/Surety . . . . NONE

64 Schedule P - Part 3L - Other (Incl. Credit, Accident and Health) . . . . NONE

64 Schedule P - Part 3M - International . . . . NONE

65 Schedule P - Part 3N - Reins. Nonproportional Assumed Property . . . . NONE

65 Schedule P - Part 3O - Reins. Nonproportional Assumed Liability . . . . NONE

65 Schedule P - Part 3P - Reins. Nonproportional Assumed Financial Lines . . . . . NONE

66 Schedule P - Part 3R Sn 1 - Products Liability - Occurrence . . . . NONE

66 Schedule P - Part 3R Sn 2 - Products Liability - Claims-Made . . . . NONE

66 Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty . . . . NONE

66 Schedule P - Part 3T - Warranty . . . . NONE

67 Schedule P - Part 4A - Homeowners/Farmowners . . . . NONE

67 Schedule P - Part 4B - Private Passenger Auto Liability/Medical . . . . NONE

67 Schedule P - Part 4C - Comm. Auto/Truck Liability/Medical . . . . NONE

67 Schedule P - Part 4D - Workers' Compensation (Excl. Excess Workers' Comp. NONE

67 Schedule P - Part 4E - Commercial Multiple Peril . . . . NONE

SCHEDULE P - PART 4F SECTION 1

MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	271	158	159	160	75	67	64	47		
2. 2007	609	333	332	102	58	41	57	40		
3. 2008	XXX	937	938	313	91	61	87	87		
4. 2009	XXX	XXX	578	647	210	72	71	71	56	
5. 2010	XXX	XXX	XXX	553	312	146	54	51	53	
6. 2011	XXX	XXX	XXX	XXX	1,438	723	221	102	65	
7. 2012	XXX	XXX	XXX	XXX	XXX	820	472	275	95	74
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	982	724	94	57
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	638	115	137
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	508	344
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,014

SCHEDULE P - PART 4F - SECTION 2

MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE

1. Prior	6,527	4,974	3,876	1,762	1,154	158	40	10	4	5
2. 2007	8,227	7,457	3,974	2,489	871	117	35	5		
3. 2008	XXX	10,320	5,941	3,334	1,989	750	418	62	63	5
4. 2009	XXX	XXX	4,725	4,498	3,008	2,451	756	201	119	23
5. 2010	XXX	XXX	XXX	7,215	4,999	2,404	1,604	950	112	16
6. 2011	XXX	XXX	XXX	XXX	7,142	5,792	2,163	1,420	682	43
7. 2012	XXX	XXX	XXX	XXX	XXX	5,974	3,237	1,945	792	63
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	6,639	4,199	2,112	344
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,862	2,529	1,401
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,787	2,153
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,679

SCHEDULE P - PART 4G

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

NONE

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX	XXX						
7. 2012	XXX	XXX	XXX	XXX	XXX					
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4H - SECTION 1

OTHER LIABILITY - OCCURRENCE

NONE

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX	XXX						
7. 2012	XXX	XXX	XXX	XXX	XXX					
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4H - SECTION 2

OTHER LIABILITY - CLAIMS MADE

NONE

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX	XXX						
7. 2012	XXX	XXX	XXX	XXX	XXX					
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5F

MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								3
5. 2010	XXX	XXX	XXX		2	3	3	3	3	
6. 2011	XXX	XXX	XXX	XXX						
7. 2012	XXX	XXX	XXX	XXX	XXX					3
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX			2	
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	1									
2. 2007	1	1	1							
3. 2008	XXX	4	1	1						
4. 2009	XXX	XXX	4	2	1					
5. 2010	XXX	XXX	XXX	3	1	1				
6. 2011	XXX	XXX	XXX	XXX	2	1	2	2	1	1
7. 2012	XXX	XXX	XXX	XXX	XXX	2	1	1		
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	11	8	5	3
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	1
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	3
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior										
2. 2007	1	1	1	1	1	1	1	1	1	1
3. 2008	XXX	4	4	4	4	4	4	4	4	4
4. 2009	XXX	XXX	4	4	4	4	4	4	4	4
5. 2010	XXX	XXX	XXX	3	3	3	3	3	3	3
6. 2011	XXX	XXX	XXX	XXX	2	2	2	2	2	2
7. 2012	XXX	XXX	XXX	XXX	XXX	3	3	3	3	3
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	12	12	12	12
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	5
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5F

MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	8	9	9	19	17	15	15	22	23	38
2. 2007	1	5	9	15	20	23	24	24	24	24
3. 2008	XXX		3	9	15	17	20	21	24	27
4. 2009	XXX	XXX	2	13	22	27	32	37	38	39
5. 2010	XXX	XXX	XXX	2	11	20	26	30	31	32
6. 2011	XXX	XXX	XXX	XXX		5	7	14	16	17
7. 2012	XXX	XXX	XXX	XXX	XXX	1	4	10	12	14
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX		6	14	20
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	5	10
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		6
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	39	29	21	10	4	4	2	2	2	1
2. 2007	71	39	27	22	12	6	1			
3. 2008	XXX	73	51	39	27	19	12	8	3	
4. 2009	XXX	XXX	95	77	51	34	27	19	13	6
5. 2010	XXX	XXX	XXX	109	71	46	30	18	15	5
6. 2011	XXX	XXX	XXX	XXX	80	50	34	26	16	13
7. 2012	XXX	XXX	XXX	XXX	XXX	78	49	30	18	10
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	76	53	33	18
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	58	32	20
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	167	101
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	244

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior				18						
2. 2007	85	88	88	110	110	110	110	110	110	110
3. 2008	XXX	80	84	104	104	104	104	104	104	104
4. 2009	XXX	XXX	105	145	146	146	146	146	146	146
5. 2010	XXX	XXX	XXX	129	128	128	128	128	128	128
6. 2011	XXX	XXX	XXX	XXX	93	93	93	93	93	93
7. 2012	XXX	XXX	XXX	XXX	XXX	97	98	98	98	98
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	83	83	83	83
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70	70	72
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	190	204
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	288

SCHEDULE P INTERROGATORIES

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

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

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? $ 1,450,000

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

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

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

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

Years in which premiums were earned and losses were incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2007		
1.603 2008		
1.604 2009		
1.605 2010		
1.606 2011		
1.607 2012		
1.608 2013		
1.609 2014		
1.610 2015		
1.611 2016		
1.612 TOTALS		

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

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

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

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

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

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

7.2 An extended statement may be attached.

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

States, Etc.	Direct Business only 1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
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)		NONE				
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						

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company 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 Domiciliary Location	10 Relationship to Reporting 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 Is an SCA Filing Required? (Y/N)	16 *
		00000	47-1971933				Global Insurance Management Company, Inc.	DE	UDP	Shareholders	Ownership	100.0		N	
		12233	74-3129288				Healthcare Underwriters Group, Inc.	OH	DS	Global Insurance Management Company, Inc.	Ownership	100.0	Global Insurance Management Company, Inc.	N	
		00000	16-1647591				Global Insurance Management Co., LLC	FL	DS	Global Insurance Management Company, Inc.	Ownership	100.0	Global Insurance Management Company, Inc.	N	
		00000	46-1740386				Global Insurance Agency Partners, LLC	OH	DS	Global Insurance Management Co., LLC	Ownership	100.0	Global Insurance Management Company, Inc.	N	

Asterisk	Explanation
0000001	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000	47-1971933	GLOBAL INSURANCE MANAGEMENT CO, INC.					4,133,352				4,133,352	
12233	74-3129288	HEALTHCARE UNDERWRITERS GROUP, INC.					(4,133,352)				(4,133,352)	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
1. Will an actuarial opinion be filed by March 1?	Yes
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	Yes
APRIL FILING	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	Yes
6. Will Management's Discussion and Analysis be filed by April 1?	Yes
7. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	Yes
MAY FILING	
8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	See Explanation
JUNE FILING	
9. Will an audited financial report be filed by June 1?	Yes
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes
AUGUST FILING	
11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	Yes

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

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	No
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	Yes
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	No
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	No
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	No
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
20. Will the Confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	Yes
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	Yes
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	No
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	No
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
28. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?	No
APRIL FILING	
29. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	No
30. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	No
32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	No
33. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	No
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	No
AUGUST FILING	
35. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	No

Explanations:

8. Not Applicable

Bar Codes:

Schedule SIS
12233201642000000 2016 Document Code: 420

Financial Guaranty Insurance Exhibit
12233201624000000 2016 Document Code: 240

Medicare Supplement Insurance Experience Exhibit
12233201636000000 2016 Document Code: 360

Trusteed Surplus Statement
12233201649000000 2016 Document Code: 490

Premiums Attributed to Protected Cells Exhibit
12233201638500000 2016 Document Code: 385

Reinsurance Summary Supplemental Filing
12233201640100000 2016 Document Code: 401

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Medicare Part D Coverage Supplement
12233201636500000 2016 Document Code: 365

Exceptions to the Reinsurance Attestation Supplement
12233201640000000 2016 Document Code: 400

Bail Bond Supplement
12233201650000000 2016 Document Code: 500

Director and Officer Supplement
12233201650500000 2016 Document Code: 505

Approval for Relief related to five-year rotation for lead Audit Partner
12233201622400000 2016 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA
12233201622500000 2016 Document Code: 225

Approval for Relief related to Require. for Audit Committees
12233201622600000 2016 Document Code: 226

Reinsurance Counterparty Reporting Exception
12233201655500000 2016 Document Code: 555

Credit Insurance Exhibit
12233201623000000 2016 Document Code: 230

LTC Supplemental Interrogatories
12233201630600000 2016 Document Code: 306

Accident and Health Policy Experience Exhibit
12233201621000000 2016 Document Code: 210

Supplemental Health Care Exhibit
12233201621600000 2016 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report
12233201621700000 2016 Document Code: 217

Cybersecurity and Identity Theft Insurance Coverage Supplement
12233201655000000 2016 Document Code: 550

Management's Report of Internal Control over Financial Reporting
12233201622300000 2016 Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

12233201645500100 2016 Document Code: 455

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

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

		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)	5,869,155	5,881,987	2,117,500	22	165,377	2,822,000	34	2,831,648
11.	Georgia (GA)								
12.	Hawaii (HI)								
13.	Idaho (ID)								
14.	Illinois (IL)								
15.	Indiana (IN)	14,760	14,194			3,371			3,371
16.	Iowa (IA)								
17.	Kansas (KS)								
18.	Kentucky (KY)	2,729,791	2,894,338	1,097,500	6	1,147,352	4,565,000	14	1,582,168
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)	4,460,540	5,089,161	1,617,752	7	(1,648,749)	1,411,000	17	1,794,646
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	13,074,246	13,879,680	4,832,752	35	(332,649)	8,798,000	65	6,211,833
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Summary of remaining write-ins for Line 58 from overflow page								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)								

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

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

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

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