PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

12233201720100100 2017 Document Code: 201

ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 2017

OF THE CONDITION AND AFFAIRS OF THE

HEALTHCARE UNDERWRITERS GROUP, INC.

NAIC Group Code 1154 (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	
Gregg Lee Hanson	Chair	#
Joseph Gerard Murphy	Vice Chair	#
Todd Colin Mills	Treasurer	#
David Wayne Lester CPA, CGMA	VP & CFO, Asst. Treasurer	
Erin Brennan Bagley JD	General Counsel & Secretary	#
Thomas William Mueller CPA. CGMA	VP & Controller, Asst. Secretary	
Jose Raul Zorola	Chief Underwriting Officer	#
William Carl Ludwig JD	VP, Claims	

OTHERS

DIRECTORS OR TRUSTEES

Gregg Lee Hanson #
Todd Colin Mills #
Joshua Marc Salman
Joseph Gerard Murphy #
Jose Raul Zorola #

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	Asst. Treasurer, VP & CFO	Asst. Secretary, VP & Controller
(Title)	(Title)	(Title)

Subscribed and sworn to before me this
______ day of ______, 2018

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)

12233201743010100 2017 Document Code: 430

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

NAIC Group Code: 1154 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 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	5,842,304	6,119,706		2,542,190	2,272,500	3,547,942	6,929,090	2,333,853	2,436,465	5,191,505	547,536	17,230
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)	5,842,304	6,119,706		2,542,190	2,272,500	3,547,942	6,929,090	2,333,853	2,436,465	5,191,505	547,536	17,230
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)

12233201743015100 2017 Document Code: 430

NAIC Group Code: 1154

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	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	57,120	48,410		7,462		12,119	15,490	325	18,179	22,909	6,308	5,338
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)	57,120	48,410		7,462		12,119	15,490	325	18,179	22,909	6,308	5,338
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.

12233201743018100 2017 Document Code: 430

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

NAIC Group Code: 1154 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 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	2,154,322	2,385,391		920,751	2,057,400	(225,282)	3,864,486	1,476,247	1,797,001	2,849,261	196,111	44,050
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)	2,154,322	2,385,391		920,751	2,057,400	(225,282)	3,864,486	1,476,247	1,797,001	2,849,261	196,111	44,050
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)

12233201743036100 2017 Document Code: 430

NAIC Group Code: 1154 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	3,476,899	3,498,880		1,697,544	270,000	(712,573)	2,223,073	1,888,380	463,389	1,660,641	276,048	49,395
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)	3,476,899	3,498,880		1,697,544	270,000	(712,573)	2,223,073	1,888,380	463,389	1,660,641	276,048	49,395
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)

12233201743044100 2017 Document Code: 430

NAIC Group Code: 1154

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: 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	121,525	68,095		50,887		17,044	17,044		25,565	25,565	12,903	1,998
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)	121,525	68,095		50,887		17,044	17,044		25,565	25,565	12,903	1,998
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)

12233201743059100 2017 Document Code: 430

NAIC Group Code: 1154 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	11,652,170	12,120,482		5,218,834	4,599,900	2,639,250	13,049,183	5,698,805	4,740,599	9,749,881	1,038,906	118,011
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)	11,652,170	12,120,482		5,218,834	4,599,900	2,639,250	13,049,183	5,698,805	4,740,599	9,749,881	1,038,906	118,011
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	2	3	4	5	Reinsurance On			9	10	11	12	13	14	15
					6	7	8							
ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Columns 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
0799999 Total - Affiliates - Other (Non-U.S.) - Total														
0899999 Total - Affiliates														
Other U.S. Unaffiliated Insurers														
02-0584391	11260	NEVADA MUT INS CO INC	NV	5,365		5,155	5,155		1,917	2,121	100			7,511
47-0580977	36234	PREFERRED PROFESSIONAL INS CO	NE	792					594	623				
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				6,158		5,155	5,155		2,511	2,744	100			7,511
1299999 Total - Pools and Associations														
9999999 Totals				6,158		5,155	5,155		2,511	2,744	100			7,511

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
0899999 Total - Authorized - Affiliates																		
Authorized - Other U.S. Unaffiliated Insurers																		
06-1481194	10829	MARKEL GLOBAL REINS CO	DE					7	8	14	14			43	(69)		112	
0999998 Total - Authorized - Other U.S. Unaffiliated Insurers (Under $100,000)																		
0999999 Total - Authorized - Other U.S. Unaffiliated Insurers								7	8	14	14			43	(69)		112	
Authorized - Other Non-U.S. Insurers																		
AA-1120337	00000	Aspen Ins UK Ltd	GBR					203	48	133	126			510	468		42	
AA-1126435	00000	LLOYD'S SYNDICATE NUMBER 435	GBR					8	8	6	8			30	3		27	
AA-1126566	00000	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999)	GBR					5	4	3	4			16	(27)		43	
AA-1126727	00000	LLOYD'S SYNDICATE NUMBER 727	GBR					8	8	12	11			39	(69)		108	
AA-1126958	00000	LLOYD'S SYNDICATE NUMBER 958	GBR					9	1	5	5			20	28		(8)	
AA-1127084	00000	LLOYD'S SYNDICATE NUMBER 1084	GBR					28	3	23	20			74	65		9	
AA-1126033	00000	LLOYD'S SYNDICATE NUMBER 33	GBR		141					50	35	59		144	(37)		181	
AA-1128003	00000	LLOYD'S SYNDICATE NUMBER 2003	GBR		111			75	13	58	47	55		248	264		(16)	
AA-1128488	00000	LLOYD'S SYNDICATE NUMBER 2488	GBR		214					85	60	66		211	(51)		262	
AA-1128791	00000	LLOYD'S SYNDICATE NUMBER 2791	GBR												(4)		4	
AA-1126006	00000	Lloyd's Syndicate Number 4472	GBR		103					27	18	48		93	1		92	
AA-1126004	00000	LLOYD'S SYNDICATE NUMBER 4444	GBR		259			18	2	74	51	111		256	66		190	
AA-1340125	00000	Hannover Rueck SE	DEU		469					167	118	196		481	(123)		604	
1299998 Total - Authorized - Other Non-U.S. Insurers (Under $100,000)																		
1299999 Total - Authorized - Other Non-U.S. Insurers					1,297			354	87	643	503	535		2,122	584		1,538	
1399999 Total - Authorized					1,297			361	95	657	517	535		2,165	515		1,650	
2199999 Total - Unauthorized - Affiliates																		
2299998 Total - Unauthorized - Other U.S. Unaffiliated Insurers (Under $100,000)																		
2299999 Total - Unauthorized - Other U.S. Unaffiliated Insurers																		
Unauthorized - Other Non-U.S. Insurers																		
AA-3191315	00000	XL Bermuda Ltd	BMU		111			62	18	67	56	55		258	52		206	
AA-1460019	00000	Amlin AG	CHE					50	6	33	30			119	62		57	
AA-3190829	00000	Markel Bermuda Ltd	BMU												23		(23)	
AA-3190795	00000	Catalina Safety Reins Ltd	BMU					17	17	13	15			62	76		(14)	
2599998 Total - Unauthorized - Other Non-U.S. Insurers (Under $100,000)																		
2599999 Total - Unauthorized - Other Non-U.S. Insurers					111			129	41	113	101	55		439	213		226	
2699999 Total - Unauthorized					111			129	41	113	101	55		439	213		226	
3499999 Total - Certified - Affiliates																		
3999999 Total - Certified																		
4099999 Total - Authorized, Unauthorized and Certified					1,408			490	136	770	618	590		2,604	728		1,876	
9999999 Totals					1,408			490	136	770	618	590		2,604	728		1,876	

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)			

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	510		Yes[ ] No[X]
2)	Hannover Rueck SE	482	469	Yes[ ] No[X]
3)	XL Bermuda Ltd	258	111	Yes[ ] No[X]
4)	Lloyd's Syndicate Number 4444	256	259	Yes[ ] No[X]
5)	Lloyd's Syndicate Number 2003	249	111	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
9999999 Totals												

NONE

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)
0899999 Total - Affiliates								XXX										
Other Non-U.S. Insurers																		
AA-3191315	00000	XL Bermuda Ltd	BMU		258		573	0001	52			258						
AA-3190795	00000	Catalina Safety Reins Ltd	BMU		62				76			62						
AA-1460019	00000	Amlin AG	CHE		119		252	0002	62			119						
AA-3190829	00000	Markel Bermuda Ltd	BMU						23									
1299999 Total - Other Non-U.S. Insurers					439		825	XXX	213			439						
1399999 Total - Affiliates and Others					439		825	XXX	213			439						
9999999 Totals					439		825	XXX	213			439						

1. Amounts in dispute totaling $..............0 are included in Column 6.
2. Amounts in dispute totaling $..............0 are excluded from Column 15.

(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	176
0001	1	021000089	Citibank, N.A.	397
0003	2	026002574	Barclays Bank	252

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)	82,554,638		82,554,638
2.	Premiums and considerations (Line 15)	2,782,668		2,782,668
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)			
4.	Funds held by or deposited with reinsured companies (Line 16.2)	100,000		100,000
5.	Other assets	741,184		741,184
6.	Net amount recoverable from reinsurers		1,876,068	1,876,068
7.	Protected cell assets (Line 27)			
8.	TOTALS (Line 28)	86,178,490	1,876,068	88,054,558
LIABILITIES (Page 3)				
9.	Losses and loss adjustment expenses (Lines 1 through 3)	28,304,197	2,014,608	30,318,805
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	843,674		843,674
11.	Unearned premiums (Line 9)	8,377,315	589,874	8,967,189
12.	Advance premiums (Line 10)	503,492		503,492
13.	Dividends declared and unpaid (Line 11.1 and 11.2)			
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	728,414	(728,414)	
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	54,314		54,314
19.	TOTAL Liabilities excluding protected cell business (Line 26)	38,811,406	1,876,068	40,687,474
20.	Protected cell liabilities (Line 27)			
21.	Surplus as regards policyholders (Line 37)	47,367,084	X X X	47,367,084
22.	TOTALS (Line 38)	86,178,490	1,876,068	88,054,558

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. 2008	1,192	172	1,020			54		38			92	4
3. 2009	976	137	839	47		97		43			187	4
4. 2010	606	60	546			196		31			227	3
5. 2011	1,913	210	1,703			292		118			410	2
6. 2012	1,054	124	930			17		43			60	3
7. 2013	2,616	361	2,255	953		643		109			1,705	12
8. 2014	655	71	584			27		31			58	1
9. 2015	885	75	810			99		19			118	5
10. 2016	1,488	146	1,342					25			25	1
11. 2017	463	33	430			76		2			78	3
12. Totals	XXX	XXX	XXX	1,000		1,501		459			2,960	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. 2008													
3. 2009													
4. 2010													
5. 2011	350	90			57	14			29			332	
6. 2012													
7. 2013			163	81	69		147	81	26			243	2
8. 2014			22	8	31		18	8	5			60	1
9. 2015	25		112	73	24		110	74	14			138	1
10. 2016			202	89			201	83	27			258	1
11. 2017	300		76	9	65		76	11	37			534	4
12. Totals	675	90	575	260	246	14	552	257	138			1,565	9

	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. 2008	92		92	7.7		9.0					
3. 2009	187		187	19.2		22.3					
4. 2010	227		227	37.5		41.6					
5. 2011	846	104	742	44.2	49.5	43.6				260	72
6. 2012	60		60	5.7		6.5					
7. 2013	2,110	162	1,948	80.7	44.9	86.4				82	161
8. 2014	134	16	118	20.5	22.5	20.2				14	46
9. 2015	403	147	256	45.5	196.0	31.6				64	74
10. 2016	455	172	283	30.6	117.8	21.1				113	145
11. 2017	632	20	612	136.5	60.6	142.3				367	167
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	900	665

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	2	3	4	5	6	7	8	9	10	11	Number of Claims Reported - Direct and Assumed
	Direct and Assumed	Ceded	Net (Columns 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	X X X	X X X	X X X									X X X
2. 2008	23,697	2,313	21,384	5,272	1,204	6,307	592	1,426			11,209	104
3. 2009	22,828	3,245	19,583	8,485	2,496	9,450	791	1,400			16,048	146
4. 2010	20,916	2,217	18,699	6,984	1,848	8,159	422	1,180			14,053	128
5. 2011	18,818	1,171	17,647	3,754	900	5,821	329	1,102			9,448	93
6. 2012	16,730	2,125	14,605	2,379	315	4,793	56	748			7,549	98
7. 2013	14,507	1,262	13,245	5,339	2,042	7,350	952	679			10,374	83
8. 2014	14,180	3,223	10,957	1,806	232	3,723	12	393			5,678	72
9. 2015	17,005	2,397	14,608	1,650		3,884	1	307			5,840	204
10. 2016	16,338	1,164	15,174	661		2,380		205			3,246	295
11. 2017	16,913	1,400	15,513	9		585		85			679	212
12. Totals	X X X	X X X	X X X	36,339	9,037	52,452	3,155	7,525			84,124	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22		Total Net	Number of Claims
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Losses and Expenses Unpaid	Outstanding Direct and Assumed
1. Prior	120				115				17			252	1
2. 2008													
3. 2009	250				73				23			346	2
4. 2010	152		2	2	84		3	2	17			254	4
5. 2011	201		11	9	176	75	20	17	29			336	6
6. 2012	252		25	21	123		25	23	30			411	6
7. 2013	675		236	55	348		221	50	107			1,482	6
8. 2014	1,395	400	298	35	640	46	294	35	187			2,298	14
9. 2015	1,766		797	108	1,002		749	79	231			4,358	41
10. 2016	2,721		1,324	116	1,540		1,199	74	358			6,952	92
11. 2017	3,869		1,827	165	2,517		1,596	80	486			10,050	176
12. Totals	11,401	400	4,520	511	6,618	121	4,107	360	1,485			26,739	348

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X	120	132
2. 2008	13,005	1,796	11,209	54.9	77.6	52.4					
3. 2009	19,681	3,287	16,394	86.2	101.3	83.7				250	96
4. 2010	16,581	2,274	14,307	79.3	102.6	76.5				152	102
5. 2011	11,114	1,330	9,784	59.1	113.6	55.4				203	133
6. 2012	8,375	415	7,960	50.1	19.5	54.5				256	155
7. 2013	14,955	3,099	11,856	103.1	245.6	89.5				856	626
8. 2014	8,736	760	7,976	61.6	23.6	72.8				1,258	1,040
9. 2015	10,386	188	10,198	61.1	7.8	69.8				2,455	1,903
10. 2016	10,388	190	10,198	63.6	16.3	67.2				3,929	3,023
11. 2017	10,974	245	10,729	64.9	17.5	69.2				5,531	4,519
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	15,010	11,729

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One Year	12 Two Year
1. Prior	485	485	256	127	152	165	131	44	44	44		
2. 2008	937	938	313	91	115	141	141	54	54	54		
3. 2009	XXX	578	647	210	216	215	215	200	144	144		(56)
4. 2010	XXX	XXX	553	312	383	248	247	249	196	196		(53)
5. 2011	XXX	XXX	XXX	1,438	818	348	576	575	515	595	80	20
6. 2012	XXX	XXX	XXX	XXX	939	496	294	112	91	17	(74)	(95)
7. 2013	XXX	XXX	XXX	XXX	XXX	1,790	1,776	1,680	1,666	1,813	147	133
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	638	213	195	82	(113)	(131)
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	510	451	223	(228)	(287)
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,014	231	(783)	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	573	XXX	XXX
12. TOTALS											(971)	(469)

SCHEDULE P - PART 2F - SECTION 2
MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE

1. Prior	19,300	15,177	13,254	11,404	9,807	9,554	9,336	9,497	9,241	9,405	164	(92)
2. 2008	14,861	12,210	10,911	10,557	9,652	10,323	10,082	9,857	9,788	9,783	(5)	(74)
3. 2009	XXX	14,008	15,399	15,956	14,814	13,933	15,346	15,016	14,889	14,971	82	(45)
4. 2010	XXX	XXX	14,399	14,105	13,790	14,440	13,644	12,886	12,950	13,110	160	224
5. 2011	XXX	XXX	XXX	11,563	10,750	8,220	9,074	8,979	8,954	8,653	(301)	(326)
6. 2012	XXX	XXX	XXX	XXX	11,086	9,050	8,198	7,523	7,292	7,182	(110)	(341)
7. 2013	XXX	XXX	XXX	XXX	XXX	13,035	12,213	11,542	11,279	11,070	(209)	(472)
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	7,817	6,704	6,902	7,396	494	692
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,352	8,922	9,660	738	(692)
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,606	9,635	(971)	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,158	XXX	XXX
12. TOTALS											42	(1,126)

SCHEDULE P - PART 2G
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

NONE

1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XXX								
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

SCHEDULE P - PART 2H - SECTION 1
OTHER LIABILITY - OCCURRENCE

NONE

1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XXX								
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

SCHEDULE P - PART 2H - SECTION 2
OTHER LIABILITY - CLAIMS-MADE

NONE

1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XXX								
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED) 1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
1. Prior	000				44	44	44	44	44	44		3
2. 2008	6	6	6	6	54	54	54	54	54	54		4
3. 2009	XXX		13	43	144	144	144	144	144	144	3	1
4. 2010	XXX	XXX	24	138	175	194	196	196	196	196		3
5. 2011	XXX	XXX	XXX		30	67	174	217	229	292		1
6. 2012	XXX	XXX	XXX	XXX	13	23	17	17	17	17	4	5
7. 2013	XXX	XXX	XXX	XXX	XXX	77	743	1,187	1,513	1,596	2	3
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX			7	27		
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX		55	99		3
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	76		1

SCHEDULE P - PART 3F SECTION 2

MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE

1. Prior	000	2,618	5,650	7,837	8,729	9,023	9,157	9,184	9,170	9,170	62	226
2. 2008	463	2,283	4,598	6,323	7,165	8,009	9,078	9,449	9,783	9,783	27	77
3. 2009	XXX	790	4,597	8,576	9,995	11,400	13,117	13,894	14,502	14,648	40	104
4. 2010	XXX	XXX	727	4,478	8,149	10,065	11,422	11,873	12,660	12,873	39	85
5. 2011	XXX	XXX	XXX	592	2,823	4,076	5,814	6,452	7,671	8,346	21	67
6. 2012	XXX	XXX	XXX	XXX	658	2,266	4,013	5,213	6,144	6,801	14	72
7. 2013	XXX	XXX	XXX	XXX	XXX	813	3,944	6,220	8,912	9,695	25	57
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	621	2,186	4,075	5,285	11	47
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	673	3,128	5,533	16	148
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	872	3,041	9	194
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	594	1	33

SCHEDULE P - PART 3G

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

NONE

1. Prior	000										XXX	XXX
2. 2008											XXX	XXX
3. 2009	XXX										XXX	XXX
4. 2010	XXX	XXX									XXX	XXX
5. 2011	XXX	XXX	XXX								XXX	XXX
6. 2012	XXX	XXX	XXX	XXX							XXX	XXX
7. 2013	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2017	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. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XXX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3H SECTION 2

OTHER LIABILITY - CLAIMS MADE

NONE

1. Prior	000											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XXX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2017	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	491	491	262	133	108	121	87			
2. 2008	937	938	313	91	61	87	87			
3. 2009	XXX	578	647	210	72	71	71	56		
4. 2010	XXX	XXX	553	312	146	54	51	53		
5. 2011	XXX	XXX	XXX	1,438	723	221	102	65		
6. 2012	XXX	XXX	XXX	XXX	820	472	275	95	74	
7. 2013	XXX	XXX	XXX	XXX	XXX	982	724	94	57	148
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	638	115	137	24
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	508	344	75
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,014	231
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	132

SCHEDULE P - PART 4F - SECTION 2

MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE

1. Prior	12,431	7,850	4,251	2,025	275	75	15	4	5	
2. 2008	10,320	5,941	3,334	1,989	750	418	62	63	5	
3. 2009	XXX	4,725	4,498	3,008	2,451	756	201	119	23	
4. 2010	XXX	XXX	7,215	4,999	2,404	1,604	950	112	16	1
5. 2011	XXX	XXX	XXX	7,142	5,792	2,163	1,420	682	43	5
6. 2012	XXX	XXX	XXX	XXX	5,974	3,237	1,945	792	63	6
7. 2013	XXX	XXX	XXX	XXX	XXX	6,639	4,199	2,112	344	352
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	3,862	2,529	1,401	522
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,787	2,153	1,359
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,679	2,333
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,178

SCHEDULE P - PART 4G

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

NONE

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XXX	XXX						
7. 2013	XXX	XXX	XXX	XXX	XXX					
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4H - SECTION 1

OTHER LIABILITY - OCCURRENCE

NONE

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XXX	XXX						
7. 2013	XXX	XXX	XXX	XXX	XXX					
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4H - SECTION 2

OTHER LIABILITY - CLAIMS MADE

NONE

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XXX	XXX						
7. 2013	XXX	XXX	XXX	XXX	XXX					
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

69 Schedule P - Part 4I - Special Property (Fire, Ald. Lines, Inld Mar.) . . . . NONE

69 Schedule P - Part 4J - Auto Physical Damage . . . . NONE

69 Schedule P - Part 4K - Fidelity/Surety . . . . NONE

69 Schedule P - Part 4L - Other (Incl. Credit, Accident and Health) . . . . NONE

69 Schedule P - Part 4M - International . . . . NONE

70 Schedule P - Part 4N - Reins. Nonproportional Assumed Property . . . . NONE

70 Schedule P - Part 4O - Reins. Nonproportional Assumed Liability . . . . NONE

70 Schedule P - Part 4P - Reins. Nonproportional Assumed Financial Lines . . . . . NONE

71 Schedule P - Part 4R Sn 1 - Products Liability - Occurrence . . . . NONE

71 Schedule P - Part 4R Sn 2 - Products Liability - Claims-Made . . . . NONE

71 Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty . . . . NONE

71 Schedule P - Part 4T - Warranty . . . . NONE

72 Schedule P - Part 5A - Homeowners/Farmowners - Sn 1 . . . . NONE

72 Schedule P - Part 5A - Homeowners/Farmowners - Sn 2 . . . . NONE

72 Schedule P - Part 5A - Homeowners/Farmowners - Sn 3 . . . . NONE

73 Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Sn 1 . . . . NONE

73 Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Sn 2 . . . . NONE

73 Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Sn 3 . . . . NONE

74 Schedule P - Part 5C - Comm. Auto/Truck Liability/Medical - Sn 1 . . . . NONE

74 Schedule P - Part 5C - Comm. Auto/Truck Liability/Medical - Sn 2 . . . . NONE

74 Schedule P - Part 5C - Comm. Auto/Truck Liability/Medical - Sn 3 . . . . NONE

75 Schedule P - Part 5D - Workers' Compen. (Excl. Excess Workers' Comp.) -Sn 1 NONE

75 Schedule P - Part 5D - Workers' Compen. (Excl. Excess Workers' Comp.) -Sn 2 NONE

75 Schedule P - Part 5D - Workers' Compen. (Excl. Excess Workers' Comp.) -Sn 3 NONE

76 Schedule P - Part 5E - Commercial Multiple Peril - Sn 1 . . . . NONE

76 Schedule P - Part 5E - Commercial Multiple Peril - Sn 2 . . . . NONE

76 Schedule P - Part 5E - Commercial Multiple Peril - Sn 3 . . . . NONE

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior										
2. 2008										
3. 2009	XXX								3	3
4. 2010	XXX	XXX		2	3	3	3	3		
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XXX	XXX					3	4
7. 2013	XXX	XXX	XXX	XXX	XXX			2		2
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	1	1								
2. 2008	4	1	1							
3. 2009	XXX	4	2	1						
4. 2010	XXX	XXX	3	1	1					
5. 2011	XXX	XXX	XXX	2	1	2	2	1	1	
6. 2012	XXX	XXX	XXX	XXX	2	1	1			
7. 2013	XXX	XXX	XXX	XXX	XXX	11	8	5	3	2
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		1	1	1
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	3	1
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior										
2. 2008	4	4	4	4	4	4	4	4	4	4
3. 2009	XXX	4	4	4	4	4	4	4	4	4
4. 2010	XXX	XXX	3	3	3	3	3	3	3	3
5. 2011	XXX	XXX	XXX	2	2	2	2	2	2	2
6. 2012	XXX	XXX	XXX	XXX	3	3	3	3	3	3
7. 2013	XXX	XXX	XXX	XXX	XXX	12	12	12	12	12
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX			1	1
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	5	5
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	13	13	25	22	18	16	22	23	38	62
2. 2008		3	9	15	17	20	21	24	27	27
3. 2009	XXX	2	13	22	27	32	37	38	39	40
4. 2010	XXX	XXX	2	11	20	26	30	31	32	39
5. 2011	XXX	XXX	XXX		5	7	14	16	17	21
6. 2012	XXX	XXX	XXX	XXX	1	4	10	12	14	14
7. 2013	XXX	XXX	XXX	XXX	XXX		6	14	20	25
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	1	5	10	11
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX		6	16
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	9
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	68	48	32	16	10	3	2	2	1	1
2. 2008	73	51	39	27	19	12	8	3		
3. 2009	XXX	95	77	51	34	27	19	13	6	2
4. 2010	XXX	XXX	109	71	46	30	18	15	5	4
5. 2011	XXX	XXX	XXX	80	50	34	26	16	13	6
6. 2012	XXX	XXX	XXX	XXX	78	49	30	18	10	6
7. 2013	XXX	XXX	XXX	XXX	XXX	76	53	33	18	6
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	58	32	20	14
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	167	101	41
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	244	92
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	176

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	3		40							
2. 2008	80	84	104	104	104	104	104	104	104	104
3. 2009	XXX	105	145	146	146	146	146	146	146	146
4. 2010	XXX	XXX	129	128	128	128	128	128	128	128
5. 2011	XXX	XXX	XXX	93	93	93	93	93	93	93
6. 2012	XXX	XXX	XXX	XXX	97	98	98	98	98	98
7. 2013	XXX	XXX	XXX	XXX	XXX	83	83	83	83	83
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	70	70	72	72
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	190	204	204
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	288	295
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	212

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)? $ 1,004,357

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 2008		
1.603 2009		
1.604 2010		
1.605 2011		
1.606 2012		
1.607 2013		
1.608 2014		
1.609 2015		
1.610 2016		
1.611 2017		
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

		Direct Business only					
		1	2	3	4	5	6
	States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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 *
1154	Coverys	10206	04-2595783				Medical Professional Mutual Insurance Company	MA	OTH					Y	0000002
1154	Coverys	36234	47-0580977				Preferred Professional Insurance Company	NE	IA	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
1154	Coverys	10638	04-1012400				ProSelect Insurance Company	NE	IA	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
1154	Coverys	15686	47-2600307				Coverys Specialty Insurance Company	NJ	IA	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
1154	Coverys	12233	74-3129288				Healthcare Underwriters Group, Inc.	OH	IA	Global Insurance Management Company, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
1154	Coverys	14919	46-1583654				Preferred Professional RRG	DC	OTH	Preferred Professional Insurance Company	Management		Medical Professional Mutual Insurance Company	N	0000003
1154	Coverys	14160	45-3967296				Coverys RRG, Inc.	DC	RE	Medical Professional Mutual Insurance Company	Management		Medical Professional Mutual Insurance Company	N	0000002
1154	Coverys	12722	20-5744578				ProMutual Solutions Insurance Company	VT	IA	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000	04-3294777				ProMutual Group, Inc.	MA	NIA	Medical Professional Mutual Insurance Company	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000	47-0756412				Physicians Consultants, Inc.	NE	NIA	Preferred Professional Insurance Company	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000	AA-3770262				Capital Risk Solutions	CYM	OTH	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	0000001
	Coverys	00000	04-3311841				ProMutual Insurance Agency, Inc.	MA	NIA	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000	38-3239347				Coverys Insurance Services, Inc.	MI	NIA	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000	47-1971933				Global Insurance Management Company, Inc.	DE	NIA	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000	46-1740386				Global Insurance Agency Partners, LLC	OH	NIA	Global Insurance Management Company, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000	16-1647591				Global Insurance Management Company, LLC	FL	NIA	Global Insurance Management Company, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000					Coverys Capital Limited	GBR	NIA	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000	46-3884645				Coverys Community Healthcare Foundation, Inc.	MA	NIA	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000	46-3623608				Coverys Research and Development Corporation	MA	NIA	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000	47-4351735				Archway Health Holdings, LLC	MA	NIA	ProMutual Group, Inc.	Ownership	44.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000	04-3199991				Strategic Risk Solutions, Inc.	FL	NIA	ProMutual Group, Inc.	Ownership	25.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000	20-4793831				Med-IQ, Inc.	MI	NIA	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000					Coverys UK Holding Co. Limited	GBR	NIA	ProMutual Group, Inc.	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000					Coverys Managing Agency Limited	GBR	NIA	Coverys UK Holding Co. Limited	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000					Coverys 1975 Underwriting Limited	GBR	NIA	Coverys UK Holding Co. Limited	Ownership	100.0	Medical Professional Mutual Insurance Company	N	

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	16
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)	Is an SCA Filing Required? (Y/N)	*
	Coverys	00000					Coverys MA Services Limited	GBR	NIA	Coverys UK Holding Co. Limited	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000	20-2233889				CMAL LLC	DE	NIA	Coverys UK Holding Co. Limited	Ownership	100.0	Medical Professional Mutual Insurance Company	N	
	Coverys	00000					DTW 1991 Underwritinng Limited	GBR	NIA	Coverys UK Holding Co. Limited	Ownership	100.0	Medical Professional Mutual Insurance Company	N	

Asterisk	Explanation
0000001	Non-US/Non-Insurance Affiliate
0000002	Medical Professional Mutual Insurance Company is the managing general agent for Coverys RRG, Inc.
0000003	Preferred Professional Insurance Company (PPIC) is the captive manager for Preferred Professional RRG (PPRRG). ProMutual Group, Inc. is the 100% owner of PPIC. Medical Professional Mutual Insurance Company is the 100% owner of ProMutual Group, Inc.

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)
10206	04-2595783	MEDICAL PROFESSIONAL MUT INS CO		(64,796,226)			21,408,237	39,028,330			(4,359,659)	(784,527,410)
36234	47-0580977	PREFERRED PROFESSIONAL INS CO					17,354	115,445			132,799	624,167
10638	04-1012400	PROSELECT INS CO	(125,000,000)				(32,950,422)	(21,075,027)			(179,025,449)	678,092,658
15686	47-2600307	COVERYS SPECIALTY INS CO					5,416,541	(9,869,551)			(4,453,010)	45,444,983
14919	46-1583654	PREFERRED PROFESSIONAL RRG					(17,354)	(115,445)			(132,799)	(624,167)
14160	45-3967296	COVERYS RRG INC					6,125,644	(8,083,752)			(1,958,108)	60,989,769
00000	04-3294777	PROMUTUAL GROUP, INC.	125,000,000	38,627,158							163,627,158	
00000	46-3884645	COVERYS COMMUNITY HEALTHCARE FOUNDATION										
00000	46-3623608	COVERYS RESEARCH AND DEVELOPMENT CORPORATION										
00000	20-3005577	MED-IQ, LLC		1,169,068							1,169,068	
00000	47-1971933	GLOBAL INSURANCE MANAGEMENT CO., INC.					5,863,944				5,863,944	
12233	74-3129288	HEALTHCARE UNDERWRITERS GRP INC					(5,863,944)				(5,863,944)	
00000		COVERYS UK HOLDING CO. LIMITED		25,000,000							25,000,000	
9999999 Control Totals									XXX			

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.

	Response
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.

	Response
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
12233201742000000 2017 Document Code: 420

Financial Guaranty Insurance Exhibit
12233201724000000 2017 Document Code: 240

Medicare Supplement Insurance Experience Exhibit
12233201736000000 2017 Document Code: 360

Trusteed Surplus Statement
12233201749000000 2017 Document Code: 490

Premiums Attributed to Protected Cells Exhibit
12233201738500000 2017 Document Code: 385

Reinsurance Summary Supplemental Filing
12233201740100000 2017 Document Code: 401

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Medicare Part D Coverage Supplement
12233201736500000 2017 Document Code: 365

Exceptions to the Reinsurance Attestation Supplement
12233201740000000 2017 Document Code: 400

Bail Bond Supplement
12233201750000000 2017 Document Code: 500

Director and Officer Supplement
12233201750500000 2017 Document Code: 505

Approval for Relief related to five-year rotation for lead Audit Partner
12233201722400000 2017 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA
12233201722500000 2017 Document Code: 225

Approval for Relief related to Require. for Audit Committees
12233201722600000 2017 Document Code: 226

Reinsurance Counterparty Reporting Exception
12233201755500000 2017 Document Code: 555

Credit Insurance Exhibit
12233201723000000 2017 Document Code: 230

LTC Supplemental Interrogatories
12233201730600000 2017 Document Code: 306

Accident and Health Policy Experience Exhibit
12233201721000000 2017 Document Code: 210

Supplemental Health Care Exhibit
12233201721600000 2017 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report
12233201721700000 2017 Document Code: 217

Cybersecurity and Identity Theft Insurance Coverage Supplement
12233201755000000 2017 Document Code: 550

Management's Report of Internal Control over Financial Reporting
12233201722300000 2017 Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

12233201745500100 2017 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
States, Etc.	Direct Premiums Written	Direct Premiums Earned	3 Amount	4 Number of Claims	Direct Losses Incurred	6 Amount Reported	7 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)	5,842,304	6,119,706	2,272,500	13	3,547,942	4,231,000	65	2,698,090
11. Georgia (GA)								
12. Hawaii (HI)								
13. Idaho (ID)								
14. Illinois (IL)								
15. Indiana (IN)	57,120	48,410			12,119			15,490
16. Iowa (IA)								
17. Kansas (KS)								
18. Kentucky (KY)	2,154,322	2,385,391	2,057,400	10	(225,282)	2,754,000	53	1,110,486
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)	3,476,899	3,498,880	270,000	3	(712,573)	1,411,000	33	812,073
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)	121,525	68,095			17,044			17,044
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	11,652,170	12,120,482	4,599,900	26	2,639,250	8,396,000	151	4,653,183
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

INDEX TO PROPERTY & CASUALTY ANNUAL STATEMENT

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