



QUARTERLY STATEMENT  
AS OF JUNE 30, 2019  
OF THE CONDITION AND AFFAIRS OF THE  
OHIC Insurance Company

NAIC Group Code	0831	0831	NAIC Company Code	35602	Employer's ID Number	31-0926059
	(current period)	(prior period)				
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	UNITED STATES OF AMERICA					
Incorporated/Organized	02/09/1978		Commenced Business	03/01/1978		
Statutory Home Office	300 E BROAD STREET, #450			COLUMBUS, OH, 43215		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	185 GREENWOOD ROAD					
	(Street and Number)					
	NAPA, CA, 94558			(707)226-0100		
	(City or Town, State, Country and Zip Code)			(Area Code)(Telephone Number)		
Mail Address	PO BOX 2900			NAPA, CA, 94558		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	185 GREENWOOD ROAD					
	(Street and Number)					
	NAPA, CA, 94558			(707)226-0100		
	(City or Town, State, Country and Zip Code)			(Area Code)(Telephone Number)		
Internet Website Address	www.thedoctors.com					
Statutory Statement Contact	DOUGLAS CHARLES WILL			(707)226-0100		
	(Name)			(Area Code)(Telephone Number)(Extension)		
	statefilingOHIC@thedoctors.com			(707)226-0180		
	(E-Mail Address)			(Fax Number)		

OFFICERS

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

OTHERS

WILLIAM ALLEN FLEMING, CHIEF OPERATING OFFICER	DARRELL BLAIR RANUM, REGIONAL VICE PRESIDENT
THOMAS CONNELL WILSON III, SENIOR VICE PRESIDENT	DOUGLAS WILLIAM BOLTZ, VICE PRESIDENT
DOUGLAS CHARLES WILL, VICE PRESIDENT	

DIRECTORS OR TRUSTEES

RICHARD ELLIOTT ANDERSON MD	WILLIAM ALLEN FLEMING
DENNIS BRYAN LAWTON PhD	DAVID ARMAND MCHALE
DAVID GERARD PREIMESBERGER	

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

State of California

County of NAPA ss

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

(Signature)	(Signature)	(Signature)
WILLIAM ALLEN FLEMING	DAVID ARMAND MCHALE	DAVID GERARD PREIMESBERGER
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
CHIEF OPERATING OFFICER	SECRETARY	TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2019, by William Allen Fleming, proved to me on the basis of satisfactory evidence to be the person who appeared before me, and David Armand McHale, proved to me on the basis of satisfactory evidence to be the person who appeared before me, and David Gerard Preimesberger, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

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

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

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds .....	11,517,909		11,517,909	14,301,784
2.	Stocks:				
2.1	Preferred stocks .....				
2.2	Common stocks .....				
3.	Mortgage loans on real estate:				
3.1	First liens .....				
3.2	Other than first liens .....				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2	Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3	Properties held for sale (less \$.....0 encumbrances) .....				
5.	Cash (\$.....1,912,869), cash equivalents (\$.....5,753,288) and short-term investments (\$.....0) .....	7,666,157		7,666,157	4,069,681
6.	Contract loans (including \$.....0 premium notes) .....				
7.	Derivatives .....				
8.	Other invested assets .....				
9.	Receivables for securities .....				
10.	Securities lending reinvested collateral assets .....				
11.	Aggregate write-ins for invested assets .....				
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....	19,184,066		19,184,066	18,371,465
13.	Title plants less \$.....0 charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....	193,807		193,807	205,256
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection .....				
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3	Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0) .....				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers .....	61,522		61,522	10,506
16.2	Funds held by or deposited with reinsured companies .....				
16.3	Other amounts receivable under reinsurance contracts .....				
17.	Amounts receivable relating to uninsured plans .....				
18.1	Current federal and foreign income tax recoverable and interest thereon .....				610,000
18.2	Net deferred tax asset .....				10,792
19.	Guaranty funds receivable or on deposit .....				
20.	Electronic data processing equipment and software .....				
21.	Furniture and equipment, including health care delivery assets (\$.....0) .....				
22.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
23.	Receivables from parent, subsidiaries and affiliates .....	29,105		29,105	93,087
24.	Health care (\$.....0) and other amounts receivable .....				
25.	Aggregate write-ins for other-than-invested assets .....				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	19,468,500		19,468,500	19,301,106
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	TOTAL (Lines 26 and 27) .....	19,468,500		19,468,500	19,301,106
DETAILS OF WRITE-INS					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page .....				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501.	.....				
2502.	.....				
2503.	.....				
2598.	Summary of remaining write-ins for Line 25 from overflow page .....				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....				

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current	December 31,
		Statement Date	Prior Year
1.	Losses (current accident year \$.....0) .....		
2.	Reinsurance payable on paid losses and loss adjustment expenses .....		
3.	Loss adjustment expenses .....		
4.	Commissions payable, contingent commissions and other similar charges .....		
5.	Other expenses (excluding taxes, licenses and fees) .....	8,000	38,622
6.	Taxes, licenses and fees (excluding federal and foreign income taxes) .....		
7.1	Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)) .....	16,888	
7.2	Net deferred tax liability .....	1,039	
8.	Borrowed money \$.....0 and interest thereon \$.....0 .....		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act) .....		
10.	Advance premium .....		
11.	Dividends declared and unpaid:		
11.1	Stockholders .....		
11.2	Policyholders .....		
12.	Ceded reinsurance premiums payable (net of ceding commissions) .....		
13.	Funds held by company under reinsurance treaties .....		
14.	Amounts withheld or retained by company for account of others .....		
15.	Remittances and items not allocated .....		
16.	Provision for reinsurance (including \$.....0 certified) .....		
17.	Net adjustments in assets and liabilities due to foreign exchange rates .....		
18.	Drafts outstanding .....		
19.	Payable to parent, subsidiaries and affiliates .....	51,723	125,105
20.	Derivatives .....		
21.	Payable for securities .....		
22.	Payable for securities lending .....		
23.	Liability for amounts held under uninsured plans .....		
24.	Capital notes \$.....0 and interest thereon \$.....0 .....		
25.	Aggregate write-ins for liabilities .....		
26.	TOTAL liabilities excluding protected cell liabilities (Lines 1 through 25) .....	77,650	163,727
27.	Protected cell liabilities .....		
28.	TOTAL liabilities (Lines 26 and 27) .....	77,650	163,727
29.	Aggregate write-ins for special surplus funds .....		
30.	Common capital stock .....	3,591,990	3,591,990
31.	Preferred capital stock .....		
32.	Aggregate write-ins for other-than-special surplus funds .....		
33.	Surplus notes .....		
34.	Gross paid in and contributed surplus .....	25,000,000	25,000,000
35.	Unassigned funds (surplus) .....	(9,201,140)	(9,454,611)
36.	Less treasury stock, at cost:		
36.1	.....0 shares common (value included in Line 30 \$.....0) .....		
36.2	.....0 shares preferred (value included in Line 31 \$.....0) .....		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) .....	19,390,850	19,137,379
38.	TOTALS (Page 2, Line 28, Col. 3) .....	19,468,500	19,301,106
DETAILS OF WRITE-INS			
2501.	.....		
2502.	.....		
2503.	.....		
2598.	Summary of remaining write-ins for Line 25 from overflow page .....		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....		
2901.	.....		
2902.	.....		
2903.	.....		
2998.	Summary of remaining write-ins for Line 29 from overflow page .....		
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....		
3201.	.....		
3202.	.....		
3203.	.....		
3298.	Summary of remaining write-ins for Line 32 from overflow page .....		
3299.	TOTALS (Lines 3201 through 3203 plus 3298) (Line 32 above) .....		

STATEMENT OF INCOME

		1	2	3
		Current Year to Date	Prior Year to Date	Prior Year Ended December 31
UNDERWRITING INCOME				
1.	Premiums earned			
1.1	Direct (written \$.....0)			
1.2	Assumed (written \$.....0)			
1.3	Ceded (written \$.....0)			
1.4	Net (written \$.....0)			
DEDUCTIONS:				
2.	Losses incurred (current accident year \$.....0)			
2.1	Direct		11,598,406	11,548,406
2.2	Assumed			
2.3	Ceded		11,123,023	11,073,023
2.4	Net		475,383	475,383
3.	Loss adjustment expenses incurred		(289,472)	(289,473)
4.	Other underwriting expenses incurred	196,585	488,014	926,635
5.	Aggregate write-ins for underwriting deductions			
6.	TOTAL underwriting deductions (Lines 2 through 5)	196,585	673,926	1,112,545
7.	Net income of protected cells			
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(196,585)	(673,926)	(1,112,545)
INVESTMENT INCOME				
9.	Net investment income earned	266,683	1,232,902	1,559,917
10.	Net realized capital gains (losses) less capital gains tax of \$.....55,231	156,862	(1,453,299)	(1,390,536)
11.	Net investment gain (loss) (Lines 9 + 10)	423,545	(220,397)	169,381
OTHER INCOME				
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)			
13.	Finance and service charges not included in premiums			
14.	Aggregate write-ins for miscellaneous income			25
15.	TOTAL other income (Lines 12 through 14)			25
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	226,959	(894,323)	(943,138)
17.	Dividends to policyholders			
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	226,959	(894,323)	(943,138)
19.	Federal and foreign income taxes incurred	(38,343)	(185,178)	(253,493)
20.	Net income (Line 18 minus Line 19) (to Line 22)	265,302	(709,145)	(689,645)
CAPITAL AND SURPLUS ACCOUNT				
21.	Surplus as regards policyholders, December 31 prior year	19,137,379	72,952,518	72,952,518
22.	Net income (from Line 20)	265,302	(709,145)	(689,645)
23.	Net transfers (to) from Protected Cell accounts			
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0		(737)	1,103
25.	Change in net unrealized foreign exchange capital gain (loss)			
26.	Change in net deferred income tax	(11,831)	(237,214)	(231,907)
27.	Change in nonadmitted assets		104,820	105,309
28.	Change in provision for reinsurance			
29.	Change in surplus notes			
30.	Surplus (contributed to) withdrawn from Protected cells			
31.	Cumulative effect of changes in accounting principles			
32.	Capital changes:			
32.1	Paid in			
32.2	Transferred from surplus (Stock Dividend)			
32.3	Transferred to surplus			
33.	Surplus adjustments:			
33.1	Paid in		(53,000,000)	(53,000,000)
33.2	Transferred to capital (Stock Dividend)			
33.3	Transferred from capital			
34.	Net remittances from or (to) Home Office			
35.	Dividends to stockholders			
36.	Change in treasury stock			
37.	Aggregate write-ins for gains and losses in surplus			
38.	Change in surplus as regards policyholders (Lines 22 through 37)	253,471	(53,842,276)	(53,815,140)
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	19,390,850	19,110,243	19,137,379
DETAILS OF WRITE-INS				
0501.				
0502.				
0503.				
0598.	Summary of remaining write-ins for Line 5 from overflow page			
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)			
1401.	Misc Income			25
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			25
3701.				
3702.				
3703.				
3798.	Summary of remaining write-ins for Line 37 from overflow page			
3799.	TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)			

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance .....		0	0
2.	Net investment income .....	319,412	1,705,571	2,194,312
3.	Miscellaneous income .....			25
4.	TOTAL (Lines 1 to 3) .....	319,412	1,705,571	2,194,338
5.	Benefit and loss related payments .....	51,016	6,410,097	6,224,853
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	227,207	2,303,647	2,761,265
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	(610,000)	13,628,244	13,628,620
10.	TOTAL (Lines 5 through 9) .....	(331,777)	22,341,987	22,614,737
11.	Net cash from operations (Line 4 minus Line 10) .....	651,188	(20,636,416)	(20,420,400)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....	2,954,674	73,885,135	83,546,716
12.2	Stocks .....			
12.3	Mortgage loans .....			
12.4	Real estate .....			
12.5	Other invested assets .....			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....	14		
12.7	Miscellaneous proceeds .....		3,969,374	3,992,410
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7) .....	2,954,688	77,854,509	87,539,126
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....		8,924,093	8,924,093
13.2	Stocks .....			
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....			25,456
13.7	TOTAL investments acquired (Lines 13.1 to 13.6) .....		8,924,093	8,949,549
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	2,954,688	68,930,416	78,589,577
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....		(53,000,000)	(53,000,000)
16.3	Borrowed funds .....			
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5	Dividends to stockholders .....			
16.6	Other cash provided (applied) .....	(9,400)	3,513,668	(3,966,412)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(9,400)	(49,486,332)	(56,966,412)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	3,596,476	(1,192,332)	1,202,766
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	4,069,681	2,866,915	2,866,915
19.2	End of period (Line 18 plus Line 19.1) .....	7,666,157	1,674,583	4,069,681

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

20.0001				
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Notes to Financial Statement

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

	SSAP #	F/S Page	F/S Line #	06/30/2019	12/31/2018
Net Income					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 265,302	\$ (689,645)
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 265,302</u>	<u>\$ (689,645)</u>
Surplus					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 19,390,850	\$ 19,137,379
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 19,390,850</u>	<u>\$ 19,137,379</u>

C. Accounting Policy

- (2) Investment grade bonds not backed by other loans are stated at amortized value using the interest method. Non-investment grade bonds with NAIC designations of 3 through 6 are stated at the lower of amortized value or fair value.
- (6) Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities.

D. Going Concern

After management evaluation, there is no substantial doubt regarding the reporting entity's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments

D. Loan-Backed Securities

- (1) Prepayment assumptions for loan-backed and structured securities were obtained from our investment software vendor through an independent third-party source.
- (2) Loan-backed and structured securities with a recognized other-than-temporary impairment - None
- (3) Securities held that were other-than-temporarily impaired due to the present value of cash flows expected to be collected was less than the amortized cost of securities - None
- (4) All impaired securities for which an other-than-temporary impairment has not been recognized in earnings as a realized loss

	Amount
a. The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ 51
2. 12 months or longer	\$ 22,184
b. The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	\$ 2,676
2. 12 months or longer	\$ 1,110,149
(5) All loan-backed and structured securities in an unrealized loss position were reviewed to determine whether other-than-temporary impairments should be recognized. The Company considers various factors when determining other-than-temporary impairment, including: Intent or requirement to sell the security, length of time the security has been in a continuous unrealized loss position, depth of amortized value compared to fair value, and expected redemption percentage. The Company asserts that it has the intent and ability to hold these securities long enough for all the cost basis of the securities to be recovered. It is possible that the Company could recognize other-than-temporary impairments in the future on some of the securities if future events, information and the passage of time causes it to conclude that declines in value are other-than-temporary.	

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

H. Repurchase Agreements Transactions Accounted for as a Sale - None

Notes to Financial Statement

5. Investments (Continued)

- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - None

6. Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income - No Significant Changes

8. Derivative Instruments - None

9. Income Taxes - No Significant Changes

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties - No Significant Changes

11. Debt - None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - No Significant Changes

14. Liabilities, Contingencies and Assessments - No Significant Changes

15. Leases - None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - No Significant Changes

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

- B. Transfers and Servicing of Financial Assets - None
- C. Wash Sales - None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None

20. Fair Value Measurements

A. Fair Value Measurement

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

- Level 1 – Quoted prices in active markets for identical assets and liabilities: This category for items measured at fair value on a recurring basis includes exchange-traded stocks. The fair value of these stocks is based on quoted prices in active markets.
- Level 2 – Significant observable inputs: The estimated fair values for some of these items are determined by independent pricing services using observable inputs. Others are based on quotes from markets which are not considered actively traded. This category for items measured at fair value on a recurring basis may include long-term bonds.
- Level 3 – Significant unobservable inputs: The estimated fair values for these items may be determined by various parties using methods that are not available to the Company, or that may be unavailable to the general public. This category for items measured at fair value on a recurring basis may include limited partnerships or other invested assets.

- (1) Fair value measurements at reporting date - None
- (2) Fair value measurements in Level 3 of the fair value hierarchy - None
- (3) Policy on transfers into and out of Level 3 - None
- (4) Inputs and Techniques Used for Level 2 and level 3 Fair Values

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

Preferred stocks carried at fair value categorized as Level 2 were valued using a market approach. These valuations were determined to be Level 2 valuations because either quoted markets prices for similar instruments in an active market were utilized via matrix pricing as described above or because quoted markets prices for identical instruments trading in an inactive market were utilized.

Common stocks carried at fair value categorized as Level 2 were valued using a market approach. These valuations were determined to be Level 2 valuations because quoted markets prices for identical instruments trading in an inactive market were utilized. When an equity instrument is illiquid due to limited trading activity, the use of quoted markets prices for identical instruments was determined by the Company to be the most reliable method to determine fair value.

The Company has no assets or liabilities measured at fair value in the Level 3 category.

- (5) Derivatives - None

B. Other Fair Value Disclosures - None

Notes to Financial Statement

20. Fair Value Measurements (Continued)

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

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds .....	\$ 12,082,678	\$ 11,517,909	\$ .....	\$ 12,082,678	\$ .....	\$ .....	\$ .....
Cash, cash equivalents and short-term investments .....	7,676,110	7,666,157	2,431,926	5,244,183	.....	.....	.....

D. Not Practicable to Estimate Fair Value - None

E. Nature and Risk of Investments Reported at NAV

21. Other Items - None

22. Events Subsequent

Management of the Company has evaluated all events occurring after June 30, 2019 through August 13, 2019, the date the statutory financial statements were available to be issued.

23. Reinsurance - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination - None

25. Changes in Incurred Losses and Loss Adjustment Expenses - None

26. Intercompany Pooling Arrangements - None

27. Structured Settlements - None

28. Health Care Receivables - None

29. Participating Policies - None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves:

2. Date of the most recent evaluation of this liability:

3. Was anticipated investment income utilized in the calculation?
- \$—

12/31/2018

NO

31. High Deductibles - None

32. Discounting of Liabilities by Withdrawal Characteristics For Unpaid Losses or Unpaid Loss Adjustment Expenses - None

33. Asbestos/Environmental Reserves - None

34. Subscriber Savings Accounts - None

35. Multiple Peril Crop Insurance - None

36. Financial Guaranty Insurance - None



GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[ ] No[ ] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[ ] No[X]
- 2.2 If yes, date of change:

.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[ ]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[ ] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes[ ] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[ ] No[X]
- If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes[ ] No[X] N/A[ ]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

..... 12/31/2015 .....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

..... 12/31/2015 .....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

..... 02/24/2017 .....
- 6.4 By what department or departments?

Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

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

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

Yes[ ] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ ..... 29,105

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[ ] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

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

\$ ..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[ ] No[X]

**GENERAL INTERROGATORIES (Continued)**

**INVESTMENT**

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....		
14.22 Preferred Stock .....		
14.23 Common Stock .....		
14.24 Short-Term Investments .....		
14.25 Mortgages Loans on Real Estate .....		
14.26 All Other .....		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[ ] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[ ] No[ ] N/A[X]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ ..... 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ ..... 0

16.3 Total payable for securities lending reported on the liability page

\$ ..... 0

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

Yes[X] No[ ]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Northern Trust Corporation .....	50 S. LaSalle St., Chicago, IL 60603 .....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[ ] No[X]

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

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

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1 Name of Firm or Individual	2 Affiliation
Deutsche Investment Management Americas, Inc. ....	..... U .....
Richard E. Anderson, MD .....	..... I .....
David Preimesberger .....	..... I .....
David Charles, MD .....	..... I .....
Steven Bensinger .....	..... I .....
Eugene M. Bullis .....	..... I .....
Charles Kossman, MD .....	..... I .....
Robert Pike .....	..... I .....
Mary Ann Thode, JD .....	..... I .....
Kenneth R. Chrisman .....	..... I .....
T.C. Wilson .....	..... I .....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes[X] No[ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes[X] No[ ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104518 .....	Deutsche Investment Management Americas, Inc. ....		SEC .....	..... NO .....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[ ]

**GENERAL INTERROGATORIES (Continued)**

18.2 If no, list exceptions:  
N/A

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[ ] No[X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018 .

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[ ] No[X]

Q7.2

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?  
If yes, attach an explanation.

Yes[ ] No[ ] N/A[X]
2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?  
If yes, attach an explanation.

Yes[ ] No[X]
- 3.1 Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes[ ] No[X]
- 3.2 If yes, give full and complete information thereto
- 4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero?

Yes[ ] No[X]
- 4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

5.1 A&H loss percent

5.2 A&H cost containment percent

5.3 A&H expense percent excluding cost containment expenses

.....0.000%

.....0.000%

.....0.000%
- 6.1 Do you act as a custodian for health savings accounts?

Yes[ ] No[X]
- 6.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....0
- 6.3 Do you act as an administrator for health savings accounts?

Yes[ ] No[X]
- 6.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....0
7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes[X] No[ ]
- 7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes[ ] No[X]

**SCHEDULE F - CEDED REINSURANCE**  
**Showing all new reinsurers - Current Year to Date**

1 NAIC Company Code	2  ID Number	3  Name of Reinsurer	4  Domiciliary Jurisdiction	5  Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
<b>U.S. insurers</b>						
11551 .....	35-2293075 .....	ENDURANCE ASSUR CORP .....	DE .....	Authorized .....	.....	.....

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

**Current Year to Date - Allocated by States and Territories**

		1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			2	3	4	5	6	7
States, etc.		Active Status (a)	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1.	Alabama (AL)	N						
2.	Alaska (AK)	L						
3.	Arizona (AZ)	L						
4.	Arkansas (AR)	L						
5.	California (CA)	N						
6.	Colorado (CO)	L						
7.	Connecticut (CT)	N						
8.	Delaware (DE)	N						
9.	District of Columbia (DC)	N						
10.	Florida (FL)	N						
11.	Georgia (GA)	L						
12.	Hawaii (HI)	N						
13.	Idaho (ID)	L						
14.	Illinois (IL)	L						
15.	Indiana (IN)	L					3,860,088	
16.	Iowa (IA)	L						
17.	Kansas (KS)	L						
18.	Kentucky (KY)	L						3,840,884
19.	Louisiana (LA)	N						
20.	Maine (ME)	N						
21.	Maryland (MD)	L					37,256	819,823
22.	Massachusetts (MA)	N						
23.	Michigan (MI)	L						
24.	Minnesota (MN)	L						
25.	Mississippi (MS)	N						
26.	Missouri (MO)	L						
27.	Montana (MT)	L						
28.	Nebraska (NE)	L						
29.	Nevada (NV)	L						
30.	New Hampshire (NH)	N						
31.	New Jersey (NJ)	E						
32.	New Mexico (NM)	L						
33.	New York (NY)	L						
34.	North Carolina (NC)	N						
35.	North Dakota (ND)	L						
36.	Ohio (OH)	L					15,733,778	15,020,415
37.	Oklahoma (OK)	L						
38.	Oregon (OR)	L						
39.	Pennsylvania (PA)	L						
40.	Rhode Island (RI)	N						
41.	South Carolina (SC)	N						
42.	South Dakota (SD)	L						
43.	Tennessee (TN)	L						
44.	Texas (TX)	L						
45.	Utah (UT)	L						
46.	Vermont (VT)	N						
47.	Virginia (VA)	N						
48.	Washington (WA)	L						
49.	West Virginia (WV)	L						
50.	Wisconsin (WI)	L				60,000		
51.	Wyoming (WY)	L						
52.	American Samoa (AS)	N						
53.	Guam (GU)	N						
54.	Puerto Rico (PR)	N						
55.	U.S. Virgin Islands (VI)	N						
56.	Northern Mariana Islands (MP)	N						
57.	Canada (CAN)	N						
58.	Aggregate other alien (OT)	X X X						
59.	Totals	X X X				60,000	19,631,122	19,681,122
DETAILS OF WRITE-INS								
58001		X X X						
58002		X X X						
58003		X X X						
58998	Summary of remaining write-ins for Line 58 from overflow page	X X X						
58999	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X						

(a) Active Status Counts:

L

Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile See DSLI)

D

Domestic Surplus Lines Insurer (DSLII) Reporting entities authorized to write surplus lines in the state of domicile.

33

1

R

Qualified - Qualified or accredited reinsurer

N

None of the above Not allowed to write business in the state

23

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

	FEIN	STATE	NAIC #	OWNERSHIP
The Doctors Company, An Interinsurance Exchange (TDC)	95-3014772	CA	34495	
Insurance Subsidiaries and their Affiliates				
American Physicians Assurance Corporation (APA)	38-2102867	MI	33006	100%
First Professionals Insurance Company, Inc. (FPIC)	59-6614702	FL	33383	100%
OHIC Insurance Company (OHIC)	31-0926059	OH	35602	100%
TDC National Assurance Company (TDCNA)	95-4234708	OR	41050	100%
TDC Special Risks Insurance Company (TDCSR)	30-0638006	DC		100%
TDC Specialty Insurance Company (TDCSI)	95-4241120	DC	34487	100%
TDC Specialty Underwriters, Inc. (TDCSU)	81-1383341	CT		100%
The Doctors Company Risk Retention Group, A Reciprocal Exchange (TDCRRG)	80-0787558	DC	14347	0%
TDCRRG Attorney In Fact, Inc. (TDCRRG AIF)	82-3550531	DC		100%
Sales and Administration Subsidiaries				
HealthCare Risk Advisors, Inc. (HRA)	83-2667983	NY		100%
The Doctors Company Insurance Services, LLC (TDCIS)	30-0597630	CA		100%
The Doctors Management Company (TDMC)	95-2958888	CA		100%
Real Estate and Other Investments				
Asheville Marketplace Holdings, LLC	82-4381367	NC		100%
Asheville Marketplace, TIC	30-1027710	NC		74.90%
Chandler Office Park, LLC	38-3511421	MI		50%
Michigan Medical Advantage, Inc., dba Medical Advantage Group (MAG)	38-3316792	MI		100%
Consortium of Independent Physician Associations, Inc. (CIPA)	20-3476926	MI		100%
Napa Center Preferred, LLC	46-3923579	CA		12%
Napa Kohl's Holdings, LLC	47-3861060	CA		100%
Napa Parkway Plaza, LLC	47-3854901	CA		58%
Napa Town Center Partners, LLC	68-0512177	CA		100%
Gordon Venture, LLC	83-2556930	CA		80%
Pier 88 Investment Partners, LLC	46-3506954	DE		29.59%
Wake Forest Investments, LLC	81-3199862	CA		100%
Market of Wake Forest, LLC	81-3107313	NC		70%

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

Q12

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing 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)	*
0831	The Doctors Group	34495	95-3014772				The Doctors Company, An Interinsurance Exchange	CA	UDP	The Doctors Management Company	Ownership, Board of Directors, Attorney-In-Fact			N	
0831	The Doctors Group	33006	38-2102867				American Physicians Assurance Corporation	MI	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	33006	38-2102867				American Physicians Assurance Corporation	MI	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00000	30-1027710				Asheville Marketplace, TIC	NC	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	74.9	The Doctors Company, An Interinsurance Exchange, ZH Asheville, LLC	N	
0831	The Doctors Group	00000	82-4381367				Asheville Marketplace Holdings, LLC	NC	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00000	38-3511421				Chandler Office Park, LLC	MI	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	50.0	The Doctors Company, An Interinsurance Exchange, Chandler Farms, LLC	N	
0831	The Doctors Group	00000	20-3476926				Consortium of Independent Physician Associations, Inc.	MI	NIA	Michigan Medical Advantage, DBA Medical Advantage Group	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	33383	59-6614702				First Professionals Insurance Company, Inc.	FL	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	33383	59-6614702				First Professionals Insurance Company, Inc.	FL	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00001	83-2556930				Gordon Venture, LLC	DE	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	80.0	The Doctors Company, An Interinsurance Exchange, Zapolski Real Estate, LLC	N	
0831	The Doctors Group	00000	83-2667983				Healthcare Risk Advisors, Inc	NY	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00000	81-3107313				Market of Wake Forest, LLC	NC	NIA	Wake Forest Investments, LLC	Ownership	70.0	The Doctors Company, An Interinsurance Exchange, Wake Forest Investments, LLC	N	
0831	The Doctors Group	00000	38-3316792				Michigan Medical Advantage, DBA Medical Advantage Group	MI	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00000	38-3316792				Michigan Medical Advantage, DBA Medical Advantage Group	MI	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00000	46-3923579				Napa Center Preferred, LLC	CA	NIA	The Doctors Company, An Interinsurance Exchange	Influence	12.0	The Doctors Company, An Interinsurance Exchange, Napa Center Holdings, LLC	N	
0831	The Doctors Group	00000	47-3681060				Napa Kohl's Holdings, LLC	CA	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00000	47-3854901				Napa Parkway Plaza, LLC	CA	NIA	Napa Kohl's Holdings, LLC	Ownership	58.0	The Doctors Company, An Interinsurance Exchange, Napa Kohl's Holdings, LLC	N	
0831	The Doctors Group	00000	68-0512177				Napa Town Center Partners, LLC	CA	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	35602	31-0926059				OHIC Insurance Company	OH	RE	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	35602	31-0926059				OHIC Insurance Company	OH	RE	The Doctors Management Company	Board of Directors, Management		The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00000	46-3506954				Pier 88 Investment Partners, LLC	DE	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	29.6	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00000	30-0638006				TDC Special Risks Insurance Company	DC	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	



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

Q12.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing 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)	*
0831	The Doctors Group	00000	30-0638006				TDC Special Risks Insurance Company	DC	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	34487	95-4241120				TDC Specialty Insurance Company	DC	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	34487	95-4241120				TDC Specialty Insurance Company	DC	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00000	81-1383341				TDC Specialty Underwriters, Inc.	CT	NIA	TDC Specialty Insurance Company	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00000	30-0597630				The Doctors Company Insurance Services, LLC	CA	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00000	30-0597630				The Doctors Company Insurance Services, LLC	CA	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	14347	80-0787558				The Doctors Company Risk Retention Group	DC	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	14347	80-0787558				The Doctors Company Risk Retention Group	DC	IA	TDCRRG Attorney-In-Fact	Attorney-In-Fact		The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00000	82-3550531				TDCRRG Attorney-In-Fact	DC	NIA	The Doctors Company Risk Retention Group	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00000	82-3550531				TDCRRG Attorney-In-Fact	DC	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00000	95-2958888				The Doctors Management Company	CA	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	41050	95-4234708				TDC National Assurance Company	OR	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	41050	95-4234708				TDC National Assurance Company	OR	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	00000	81-3199862				Wake Forest Investments, LLC	DE	NIA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	

Asterisk	Explanation
0000001	

STATEMENT AS OF **June 30, 2019** OF THE **OHIC Insurance Company**

PART 1 - LOSS EXPERIENCE

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

PART 2 - DIRECT PREMIUMS WRITTEN

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

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

		1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred		Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2019 Loss and LAE Payments on Claims Reported as of Prior Year-End	2019 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2019 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 11 + 12)
1.	2016 + Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.	2017 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	Subtotals 2017 + Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2018 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	Subtotals 2018 + Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	2019 .....	X X X .....	X X X .....	X X X .....	X X X .....	.....	.....	X X X .....	.....	.....	.....	X X X .....	X X X .....	X X X .....
7.	Totals .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
8.	Prior Year-End Surplus As Regards Policyholders .....	..... 19,137	.....	.....	.....	.....	.....	.....	.....	.....	.....	1.....	2.....	3.....
		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Col. 13, Line 7 Line 8
		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4.....

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?

2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?

3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSES

No  
Yes  
No  
No

Explanations:

Bar Codes:

Trusteed Surplus Statement



Medicare Part D Coverage Supplement



Director and Officer Supplement



**OVERFLOW PAGE FOR WRITE-INS**

STATEMENT AS OF **June 30, 2019** OF THE **OHIC Insurance Company**

**SCHEDULE A - VERIFICATION**

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

**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

Bonds and Stocks		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	14,301,784	90,811,314
2.	Cost of bonds and stocks acquired .....		8,924,093
3.	Accrual of discount .....	355	4,155
4.	Unrealized valuation increase (decrease) .....		1,396
5.	Total gain (loss) on disposals .....	212,079	(1,721,211)
6.	Deduct consideration for bonds and stocks disposed of .....	2,954,674	83,549,136
7.	Deduct amortization of premium .....	41,635	145,792
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other-than-temporary impairment recognized .....		25,455
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		2,420
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) .....	11,517,909	14,301,784
12.	Deduct total nonadmitted amounts .....		
13.	Statement value at end of current period (Line 11 minus Line 12) .....	11,517,909	14,301,784

**SCHEDULE D - PART 1B**  
**Showing the Acquisitions, Dispositions and Non-Trading Activity**  
**During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

NAIC Designation		1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>									
1.	NAIC 1 (a) .....	14,229,349	7,829,585	5,284,360	(22,435)	14,229,349	16,752,139		14,301,784
2.	NAIC 2 (a) .....								
3.	NAIC 3 (a) .....								
4.	NAIC 4 (a) .....								
5.	NAIC 5 (a) .....								
6.	NAIC 6 (a) .....								
7.	Total Bonds .....	14,229,349	7,829,585	5,284,360	(22,435)	14,229,349	16,752,139		14,301,784
<b>PREFERRED STOCK</b>									
8.	NAIC 1 .....								
9.	NAIC 2 .....								
10.	NAIC 3 .....								
11.	NAIC 4 .....								
12.	NAIC 5 .....								
13.	NAIC 6 .....								
14.	Total Preferred Stock .....								
15.	Total Bonds & Preferred Stock .....	14,229,349	7,829,585	5,284,360	(22,435)	14,229,349	16,752,139		14,301,784

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....5,234,230; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

**SI03   Schedule DA Part 1 ..... NONE**

**SI03   Schedule DA Verification ..... NONE**

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

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

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

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

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



**SCHEDULE E - PART 2 - VERIFICATION**  
**(Cash Equivalents)**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	2,465,042	576,812
2.	Cost of cash equivalents acquired .....	8,345,173	9,277,733
3.	Accrual of discount .....		
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....	13	
6.	Deduct consideration received on disposals .....	5,056,940	7,389,503
7.	Deduct amortization of premium .....		
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other-than-temporary impairment recognized .....		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	5,753,288	2,465,042
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	5,753,288	2,465,042

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

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

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

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

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

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

**E04   Schedule D Part 3 ..... NONE**

**SCHEDULE D - PART 4**  
**Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of**  
**During the Current Quarter**

CUSIP Identification	Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation and Administrative Symbol/ Market Indicator (a)
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.							
Bonds - U.S. Governments																					
36296KMW9	GNMA #693473		06/17/2019	PRINCIPAL RECEIPT	X X X	1,549	1,549	1,558	1,578		(29)		(29)	1,549				29	06/15/2038	1	
36207JZR7	GNMA PASS-THRU X SINGLE FAMILY		06/17/2019	PRINCIPAL RECEIPT	X X X	221	221	224	221					221				6	05/15/2028	1	
36208WCM3	GNMA PASS-THRU X SINGLE FAMILY		06/17/2019	PRINCIPAL RECEIPT	X X X	346	346	345	345		1		1	346				9	07/15/2028	1	
36209NCP5	GNMA PASS-THRU X SINGLE FAMILY		06/17/2019	PRINCIPAL RECEIPT	X X X	139	139	140	139					139				4	05/15/2028	1	
36295QVU1	GNMA PASS-THRU X SINGLE FAMILY		06/17/2019	PRINCIPAL RECEIPT	X X X	272	272	274	275		(3)		(3)	272				6	11/15/2037	1	
36295XZZ1	GNMA PASS-THRU X SINGLE FAMILY		06/17/2019	PRINCIPAL RECEIPT	X X X	209	209	211	215		(6)		(6)	209				5	02/15/2038	1	
36296GRY9	GNMA PASS-THRU X SINGLE FAMILY		06/17/2019	PRINCIPAL RECEIPT	X X X	208	208	210	216		(8)		(8)	208				5	06/15/2038	1	
0599999 Subtotal - Bonds - U.S. Governments					X X X	2,944	2,944	2,962	2,989		(45)		(45)	2,944				64	X X X	X X X	
Bonds - U.S. Special Revenue, Special Assessment																					
052414LZ0	AUSTIN TEX ELEC UTIL SYS REV REF		05/24/2019	Donaldson Lufkin Jenrette	X X X	261,275	250,000	255,048	251,095		(225)		(225)	250,870		10,405	10,405	6,736	11/15/2040	1FE	
13033LJG3	CALIFORNIA HEALTH FACS FING AU REF		05/24/2019	STIFEL NICOLAUS & CO	X X X	263,833	250,000	257,058	251,539		(316)		(316)	251,222		12,610	12,610	7,073	11/15/2031	1FE	
1307955E3	CALIFORNIA STATEWIDE CMNTYS DE		05/24/2019	HILLTOP SECURITIES INC, DALLAS	X X X	455,406	420,000	438,400	426,897		(791)		(791)	426,106		29,300	29,300	13,883	04/01/2042	1FE	
235036H86	DALLAS FORT WORTH TEX INTL ARP		05/24/2019	Donaldson Lufkin Jenrette	X X X	478,949	440,000	476,714	456,532		(1,610)		(1,610)	454,922		24,027	24,027	12,711	11/01/2044	1FE	
3137ARXS0	FHLMC REMIC SERIES 4073		06/17/2019	PRINCIPAL RECEIPT	X X X	12,658	12,658	13,979	13,772		(1,113)		(1,113)	12,658				216	07/15/2041	1	
3137ASBP8	FHLMC REMIC SERIES 4077		06/17/2019	PRINCIPAL RECEIPT	X X X	18,171	18,171	19,611	19,371		(1,200)		(1,200)	18,171				282	11/15/2041	1	
3137B1RP9	FHLMC REMIC SERIES 4189		06/17/2019	PRINCIPAL RECEIPT	X X X	12,558	12,558	13,676	13,493		(935)		(935)	12,558				186	11/15/2042	1	
31384VV33	FNMA #535334		06/25/2019	PRINCIPAL RECEIPT	X X X	179	179	185	183		(3)		(3)	179				6	06/01/2030	1	
31391SM64	FNMA #675481		06/25/2019	PRINCIPAL RECEIPT	X X X	50	50	51	51		(1)		(1)	50				1	02/01/2033	1	
31400WSW1	FNMA #699933		06/25/2019	PRINCIPAL RECEIPT	X X X	3,123	3,123	3,145	3,162		(40)		(40)	3,123				72	04/01/2033	1	
31406UK31	FNMA #820314		06/25/2019	PRINCIPAL RECEIPT	X X X	752	752	740	741		11		11	752				16	08/01/2035	1	
31411W4N4	FNMA #917129		06/25/2019	PRINCIPAL RECEIPT	X X X	2,943	2,943	2,899	2,902		41		41	2,943				66	06/01/2037	1	
31414SYU1	FNMA #975123		06/25/2019	PRINCIPAL RECEIPT	X X X	230	230	229	229		1		1	230				4	05/01/2038	1	
31371KZA2	FNMA PASS-THRU LNG 30 YEAR		06/25/2019	PRINCIPAL RECEIPT	X X X	2,042	2,042	2,199	2,283		(241)		(241)	2,042				46	02/01/2033	1	
575579KZ9	MASSACHUSETTS BAY TRANS AUTH		05/24/2019	BONY/VINNING SPARKS, IBG, L.P.	X X X	572,612	435,000	489,662	466,240		(1,053)		(1,053)	465,187		107,425	107,425	21,798	07/01/2028	1FE	
57563CCK6	MASSACHUSETTS DEPT TRANSN MET REV		05/24/2019	STIFEL NICOLAUS & CO	X X X	254,923	250,000	260,433	251,302		(509)		(509)	250,793		4,130	4,130	11,389	01/01/2027	1FE	
686543RZ4	ORLANDO & ORANGE CNTY EXPWY AU REV		05/24/2019	RAYMOND JAMES	X X X	259,300	250,000	255,528	250,999		(257)		(257)	250,742		8,558	8,558	11,389	07/01/2027	1FE	
88283KAB4	TEXAS TRANSN COMMN CENT TEX TP		05/24/2019	CITIBANK, N.A.	X X X	296,760	275,000	290,525	281,842		(706)		(706)	281,137		15,624	15,624	10,849	08/15/2041	1FE	
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					X X X	2,895,764	2,622,706	2,780,082	2,692,633		(8,947)		(8,947)	2,683,685		212,079	212,079	96,723	X X X	X X X	
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
61748HAR2	MORGAN STANLEY CAP 2004-5AR		06/25/2019	PRINCIPAL RECEIPT	X X X	2,376	2,376	2,385	2,483		(108)		(108)	2,376				43	07/25/2034	1FM	
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	2,376	2,376	2,385	2,483		(108)		(108)	2,376				43	X X X	X X X	
8399997 Subtotal - Bonds - Part 4					X X X	2,901,084	2,628,026	2,785,429	2,698,105		(9,100)		(9,100)	2,689,005		212,079	212,079	96,830	X X X	X X X	
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	2,901,084	2,628,026	2,785,429	2,698,105		(9,100)		(9,100)	2,689,005		212,079	212,079	96,830	X X X	X X X	
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8999999 Subtotal - Preferred Stocks					X X X	X X X	X X X	X X X	X X X					X X X		X X X			X X X	X X X	
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X	X X X	X X X	X X X	X X X					X X X		X X X			X X X	X X X	
9899999 Subtotal - Preferred and Common Stocks					X X X	X X X	X X X	X X X	X X X					X X X		X X X			X X X	X X X	
9999999 Total - Bonds, Preferred and Common Stocks					X X X	2,901,084	X X X	2,785,429	2,698,105		(9,100)		(9,100)	2,689,005		212,079	212,079	96,830	X X X	X X X	

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

QE05

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

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

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

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

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

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

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

**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
							First Month	Second Month	Third Month	*
<b>open depositories</b>										
Wells Fargo Bank, N.A. ....	San Francisco, CA .....				10,099		1,987,865	1,934,601	1,912,869	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories ..			X X X	X X X ..						X X X
0199999 Totals - Open Depositories .....			X X X	X X X ..	10,099		1,987,865	1,934,601	1,912,869	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....										
			X X X	X X X ..						X X X
0299999 Totals - Suspended Depositories .....			X X X	X X X ..						X X X
0399999 Total Cash On Deposit .....			X X X	X X X ..	10,099		1,987,865	1,934,601	1,912,869	X X X
0499999 Cash in Company's Office .....			X X X	X X X ..	X X X	X X X ..				X X X
0599999 Total Cash .....			X X X	X X X ..	10,099		1,987,865	1,934,601	1,912,869	X X X

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<b>Bonds - U.S. Governments - Issuer Obligations</b>								
	UNITED STATES TREAS BILLS .....		05/22/2019 .....	0.000 .....	07/05/2019 ...	2,742,422 .....	6,887 .....	
	UNITED STATES TREAS BILLS .....		06/12/2019 .....	0.000 .....	08/06/2019 ...	2,491,808 .....	2,824 .....	
0199999	Subtotal - Bonds - U.S. Governments - Issuer Obligations .....					5,234,230 .....	9,711 .....	
0599999	Subtotal - Bonds - U.S. Governments .....					5,234,230 .....	9,711 .....	
7799999	Subtotal - Bonds - Total Bonds - Issuer Obligations .....					5,234,230 .....	9,711 .....	
8399999	Subtotal - Bonds - Total Bonds .....					5,234,230 .....	9,711 .....	
<b>Exempt Money Market Mutual Funds - as Identified by SVO</b>								
665279873 .....	MFB NORTHN INSTL FDS TREAS PORTFOL .....		05/31/2019 .....	0.000 .....	X X X .....	494,057 .....		24,312
94975H296 .....	WELLS FARGO ADV TREAS PLUS INSTI .....	SD ..	12/31/2017 ...	0.000 .....	X X X .....	25,001 .....		272
8599999	Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO .....					519,058 .....		24,584
8899999	Total - Cash Equivalents .....					5,753,288 .....	9,711 .....	24,584



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

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

		1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
				3	4		6	7	
States, Etc.		Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred but not Reported
1.	Alabama (AL) .....	.....	.....	.....	.....	.....	.....	.....	.....
2.	Alaska (AK) .....	.....	.....	.....	.....	.....	.....	.....	.....
3.	Arizona (AZ) .....	.....	.....	.....	.....	.....	.....	.....	.....
4.	Arkansas (AR) .....	.....	.....	.....	.....	.....	.....	.....	.....
5.	California (CA) .....	.....	.....	.....	.....	.....	.....	.....	.....
6.	Colorado (CO) .....	.....	.....	.....	.....	.....	.....	.....	.....
7.	Connecticut (CT) .....	.....	.....	.....	.....	.....	.....	.....	.....
8.	Delaware (DE) .....	.....	.....	.....	.....	.....	.....	.....	.....
9.	District of Columbia (DC) .....	.....	.....	.....	.....	.....	.....	.....	.....
10.	Florida (FL) .....	.....	.....	.....	.....	.....	.....	.....	.....
11.	Georgia (GA) .....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Hawaii (HI) .....	.....	.....	.....	.....	.....	.....	.....	.....
13.	Idaho (ID) .....	.....	.....	.....	.....	.....	.....	.....	.....
14.	Illinois (IL) .....	.....	.....	.....	.....	.....	.....	.....	.....
15.	Indiana (IN) .....	.....	.....	.....	.....	3,747,658	30,000	2	3,830,088
16.	Iowa (IA) .....	.....	.....	.....	.....	.....	.....	.....	.....
17.	Kansas (KS) .....	.....	.....	.....	.....	(3,747,658)	.....	.....	.....
18.	Kentucky (KY) .....	.....	.....	.....	.....	.....	.....	.....	.....
19.	Louisiana (LA) .....	.....	.....	.....	.....	.....	.....	.....	.....
20.	Maine (ME) .....	.....	.....	.....	.....	.....	.....	.....	.....
21.	Maryland (MD) .....	.....	.....	.....	.....	.....	.....	.....	.....
22.	Massachusetts (MA) .....	.....	.....	.....	.....	.....	.....	.....	.....
23.	Michigan (MI) .....	.....	.....	.....	.....	.....	.....	.....	.....
24.	Minnesota (MN) .....	.....	.....	.....	.....	.....	.....	.....	.....
25.	Mississippi (MS) .....	.....	.....	.....	.....	.....	.....	.....	.....
26.	Missouri (MO) .....	.....	.....	.....	.....	.....	.....	.....	.....
27.	Montana (MT) .....	.....	.....	.....	.....	.....	.....	.....	.....
28.	Nebraska (NE) .....	.....	.....	.....	.....	.....	.....	.....	.....
29.	Nevada (NV) .....	.....	.....	.....	.....	.....	.....	.....	.....
30.	New Hampshire (NH) .....	.....	.....	.....	.....	.....	.....	.....	.....
31.	New Jersey (NJ) .....	.....	.....	.....	.....	.....	.....	.....	.....
32.	New Mexico (NM) .....	.....	.....	.....	.....	.....	.....	.....	.....
33.	New York (NY) .....	.....	.....	.....	.....	.....	.....	.....	.....
34.	North Carolina (NC) .....	.....	.....	.....	.....	.....	.....	.....	.....
35.	North Dakota (ND) .....	.....	.....	.....	.....	.....	.....	.....	.....
36.	Ohio (OH) .....	.....	.....	.....	.....	.....	12,475,000	4	413,160
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 .....	.....	.....	.....	.....	.....	12,505,000	6	4,243,248
DETAILS OF WRITE-INS									
58001.	.....	.....	.....	.....	.....	.....	.....	.....	.....
58002.	.....	.....	.....	.....	.....	.....	.....	.....	.....
58003.	.....	.....	.....	.....	.....	.....	.....	.....	.....
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	.....	.....	.....	.....	.....	.....	.....	.....
58999.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above) .....	.....	.....	.....	.....	.....	.....	.....	.....



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

**Hospitals**

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

		1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
				3	4		6	7	
States, Etc.		Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred but not Reported
1.	Alabama (AL) .....	.....	.....	.....	.....	.....	.....	.....	.....
2.	Alaska (AK) .....	.....	.....	.....	.....	.....	.....	.....	.....
3.	Arizona (AZ) .....	.....	.....	.....	.....	.....	.....	.....	.....
4.	Arkansas (AR) .....	.....	.....	.....	.....	.....	.....	.....	.....
5.	California (CA) .....	.....	.....	.....	.....	.....	.....	.....	.....
6.	Colorado (CO) .....	.....	.....	.....	.....	.....	.....	.....	.....
7.	Connecticut (CT) .....	.....	.....	.....	.....	.....	.....	.....	.....
8.	Delaware (DE) .....	.....	.....	.....	.....	.....	.....	.....	.....
9.	District of Columbia (DC) .....	.....	.....	.....	.....	.....	.....	.....	.....
10.	Florida (FL) .....	.....	.....	.....	.....	.....	.....	.....	.....
11.	Georgia (GA) .....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Hawaii (HI) .....	.....	.....	.....	.....	.....	.....	.....	.....
13.	Idaho (ID) .....	.....	.....	.....	.....	.....	.....	.....	.....
14.	Illinois (IL) .....	.....	.....	.....	.....	.....	.....	.....	.....
15.	Indiana (IN) .....	.....	.....	.....	.....	.....	.....	.....	.....
16.	Iowa (IA) .....	.....	.....	.....	.....	.....	.....	.....	.....
17.	Kansas (KS) .....	.....	.....	.....	.....	.....	.....	.....	.....
18.	Kentucky (KY) .....	.....	.....	.....	.....	.....	.....	.....	.....
19.	Louisiana (LA) .....	.....	.....	.....	.....	.....	.....	.....	.....
20.	Maine (ME) .....	.....	.....	.....	.....	.....	.....	.....	.....
21.	Maryland (MD) .....	.....	.....	.....	.....	(250,016)	55,000	2	(17,744)
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) .....	.....	.....	.....	.....	250,016	2,230,000	5	615,618
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 .....	.....	.....	.....	.....	.....	2,285,000	7	597,874
DETAILS OF WRITE-INS									
58001.	.....	.....	.....	.....	.....	.....	.....	.....	.....
58002.	.....	.....	.....	.....	.....	.....	.....	.....	.....
58003.	.....	.....	.....	.....	.....	.....	.....	.....	.....
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	.....	.....	.....	.....	.....	.....	.....	.....
58999.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above) .....	.....	.....	.....	.....	.....	.....	.....	.....



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

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

**INDEX TO PROPERTY & CASUALTY  
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**INDEX TO PROPERTY & CASUALTY  
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