



3560220190100102

2019

Document Code: 201

QUARTERLY STATEMENT

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

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

DARRELL BLAIR RANUM, REGIONAL VICE PRESIDENT
 DOUGLAS WILLIAM BOLTZ, VICE PRESIDENT

DIRECTORS OR TRUSTEES

RICHARD ELLIOTT ANDERSON MD
 DENNIS BRYAN LAWTON PhD
 DAVID GERARD PREIMESBERGER

WILLIAM ALLEN FLEMING
 DAVID ARMAND MCHALE

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

State of California

County of NAPA ss

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

(Signature)
WILLIAM ALLEN FLEMING
 (Printed Name)
 1.
 CHIEF OPERATING OFFICER
 (Title)

(Signature)
DAVID ARMAND MCHALE
 (Printed Name)
 2.
 SECRETARY
 (Title)

(Signature)
DAVID GERARD PREIMESBERGER
 (Printed Name)
 3.
 TREASURER
 (Title)

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 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
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 Current Statement Date	2 December 31, 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 Current Year to Date	2 Prior Year to Date	3 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				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)
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 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended 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				
---------	--	--	--	--

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: 12/31/2018
3. Was anticipated investment income utilized in the calculation? 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]
 Yes [] No [] N/A [X]

1.2 If yes, has the report been filed with the domiciliary state?
.....

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

2.2 If yes, date of change:
.....

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
 Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?
 Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes:
.....

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

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
..... 12/31/2015

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 [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?
.....

7.2 If yes, give full information

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

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

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

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
..... 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?

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
David Preimesberger
David Charles, MD
Steven Bensinger
Eugene M. Bullis
Charles Kossman, MD
Robert Pike
Mary Ann Thode, JD
Kenneth R. Chrisman
T.C. Wilson

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]

GENERAL INTERROGATORIES**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes No N/A X
If yes, attach an explanation.

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

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes No X
3.2 If yes, give full and complete information thereto

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

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

5. Operating Percentages:
5.1 A&H loss percent 0.000%
5.2 A&H cost containment percent 0.000%
5.3 A&H expense percent excluding cost containment expenses 0.000%

6.1 Do you act as a custodian for health savings accounts? Yes No X
6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0
6.3 Do you act as an administrator for health savings accounts? Yes No X
6.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0

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
U.S. insurers						
11551	35-2293075	ENDURANCE ASSUR CORP	DE	Authorized		

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**Current Year to Date - Allocated by States and Territories**

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama (AL)	N						
2. Alaska (AK)	L						
3. Arizona (AZ)	L						
4. Arkansas (AR)	L						
5. California (CA)	N						
6. Colorado (CO)	L						
7. Connecticut (CT)	N						
8. Delaware (DE)	N						
9. District of Columbia (DC)	N						
10. Florida (FL)	N						
11. Georgia (GA)	L						
12. Hawaii (HI)	N						
13. Idaho (ID)	L						
14. Illinois (IL)	L						
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
37. Oklahoma (OK)	L						15,020,415
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)	XXX						
59. Totals	XXX					60,000	19,631,122
DETAILS OF WRITE-INS							
58001	XXX						
58002	XXX						
58003	XXX						
58998Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX						

(a) Active Status Counts:

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
 E 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 (DSLI) Reporting entities authorized to write surplus lines in the state of domicile.

33

R Registered - Non-domiciled RRGs

1

Q 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. (TDCSV)	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				
1	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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
Q12	The Doctors Group	34495	95-3014772	.....	.....	The Doctors Company, An Interinsurance Exchange	CA .. UDP ..	The Doctors Management Company .....	.....	Ownership, Board of Directors, Attorney-In-Fact .....	.....	.....	.....	N .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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	N .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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 .....	.....
	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

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-tionship 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)	*
Q12.1	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 .....	.....	.....	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	.....

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	XXX	XXX	XXX	XXX
32. Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business				
35. TOTALS				

NONE

DETAILS OF WRITE-INS

3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

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

NONE

DETAILS OF WRITE-INS

3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)			

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

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

RESPONSES

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?

No
Yes
No
No

Explanations:

Bar Codes:

Trusted Surplus Statement



2019

Document Code: 490

Medicare Part D Coverage Supplement



2019

Document Code: 365

Director and Officer Supplement



2019

Document Code: 505

3560220194900002

3560220195050002

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	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
BONDS								
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
PREFERRED STOCK								
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 Year To Date	2 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

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation and Admini- strative 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.									
36296KMW9	GNMA #693473			PRINCIPAL RECEIPT	XXX	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	XXX	221	221	224	221								221				6	05/15/2028	1
36208WCM3	GNMA PASS-THRU X SINGLE FAMILY		06/17/2019	PRINCIPAL RECEIPT	XXX	346	346	345	345			1					346				9	07/15/2028	1
36209NCP5	GNMA PASS-THRU X SINGLE FAMILY		06/17/2019	PRINCIPAL RECEIPT	XXX	139	139	140	139								139				4	05/15/2028	1
36295QVU1	GNMA PASS-THRU X SINGLE FAMILY		06/17/2019	PRINCIPAL RECEIPT	XXX	272	272	274	275			(3)					272				6	11/15/2037	1
36295XZZ1	GNMA PASS-THRU X SINGLE FAMILY		06/17/2019	PRINCIPAL RECEIPT	XXX	209	209	211	215			(6)					209				5	02/15/2038	1
36296GRY9	GNMA PASS-THRU X SINGLE FAMILY		06/17/2019	PRINCIPAL RECEIPT	XXX	208	208	210	216			(8)					208				5	06/15/2038	1
0599999 Subtotal - Bonds - U.S. Governments					XXX	2,944	2,944	2,962	2,989		(45)		(45)			2,944					64	XXX	XXX
Bonds - U.S. Governments																							
052414LZ0	AUSTIN TEX ELEC UTIL SYS REV REF		05/24/2019	Donaldson Lufkin Jenrette	XXX	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	XXX	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	XXX	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	XXX	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	XXX	12,658	12,658	13,979	13,772		(1,113)		(1,113)			12,658		216	216	7,155	07/15/2041	1	
3137ASBP8	FHLMC REMIC SERIES 4077		06/17/2019	PRINCIPAL RECEIPT	XXX	18,171	18,171	19,611	19,371		(1,200)		(1,200)			18,171		282	282	11/15/2041	1		
3137B1RP9	FHLMC REMIC SERIES 4188		06/17/2019	PRINCIPAL RECEIPT	XXX	12,558	12,558	13,676	13,493		(935)		(935)			12,558		186	186	11/15/2042	1		
31384VV33	FNMA #535334		06/25/2019	PRINCIPAL RECEIPT	XXX	179	179	185	183		(3)		(3)			179		6	6	6	06/01/2030	1	
31391SM64	FNMA #675481		06/25/2019	PRINCIPAL RECEIPT	XXX	50	50	51	51		(1)		(1)			50		1	1	1	02/01/2033	1	
31400WSW1	FNMA #699933		06/25/2019	PRINCIPAL RECEIPT	XXX	3,123	3,123	3,145	3,162		(40)		(40)			3,123		72	72	40	04/01/2033	1	
31406UK31	FNMA #820314		06/25/2019	PRINCIPAL RECEIPT	XXX	752	752	740	741		11		11			752		16	16	16	08/01/2035	1	
31411W4N4	FNMA #917129		06/25/2019	PRINCIPAL RECEIPT	XXX	2,943	2,943	2,899	2,902		41		41			2,943		66	66	66	06/01/2037	1	
31414SYU1	FNMA #975123		06/25/2019	PRINCIPAL RECEIPT	XXX	230	230	229	229		(1)		(1)			230		4	4	4	05/01/2038	1	
31371KZA2	FNMA PASS-THRU LNG 30 YEAR		06/25/2019	PRINCIPAL RECEIPT	XXX	2,042	2,042	2,199	2,283		(241)		(241)			2,042		46	46	46	02/01/2033	1	
575579KZ9	MASSACHUSETTS BAY TRANS AUTH		05/24/2019	BONY/WINNING SPARKS, IBG, L.P.	XXX	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	XXX	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	XXX	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.	XXX	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					XXX	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	XXX	XXX	
Bonds - Industrial and Miscellaneous (Unaffiliated)																							
61748HAR2	MORGAN STANLEY CAP 2004-5AR		06/25/2019	PRINCIPAL RECEIPT	XXX	2,376	2,376	2,385	2,483		(108)		(108)			2,376				43	07/25/2034	1FM	
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	2,376	2,376	2,385	2,483		(108)		(108)			2,376				43	XXX	XXX	
8399997 Subtotal - Bonds - Part 4					XXX	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	XXX	XXX	
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX		XXX		XXX			XXX		XXX	XXX	XXX	XXX	XXX	
8399999 Subtotal - Bonds					XXX	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	XXX	XXX	
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX		XXX		XXX			XXX		XXX	XXX	XXX	XXX	XXX	
8999999 Subtotal - Preferred Stocks					XXX	XXX	XXX	XXX	XXX		XXX		XXX			XXX		XXX	XXX	XXX	XXX	XXX	
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX		XXX		XXX			XXX		XXX	XXX	XXX	XXX	XXX	
9799999 Subtotal - Common Stocks					XXX	XXX	XXX	XXX	XXX		XXX		XXX			XXX					XXX	XXX	
9899999 Subtotal - Preferred and Common Stocks					XXX	XXX	XXX	XXX	XXX		XXX		XXX			XXX					XXX	XXX	
9999999 Total - Bonds, Preferred and Common Stocks					XXX	2,901,084	2,785,429	2,698,105	(9,100)		(9,100)		(9,100)			2,689,005		212,079	212,079	96,830	XXX	XXX	

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

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

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

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

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

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

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

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

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

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

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Cusip	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
Bonds - U.S. Governments - Issuer Obligations								
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	
Exempt Money Market Mutual Funds - as Identified by SVO								
665279873	MFB NORTHN INSTL FDS TREAS PORTFOL		05/31/2019	0.000	XXX	494,057		24,312
94975H296	WELLS FARGO ADV TREAS PLUS INSTI	SD	12/31/2017	0.000	XXX	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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama (AL)
2. Alaska (AK)
3. Arizona (AZ)
4. Arkansas (AR)
5. California (CA)
6. Colorado (CO)
7. Connecticut (CT)
8. Delaware (DE)
9. District of Columbia (DC)
10. Florida (FL)
11. Georgia (GA)
12. Hawaii (HI)
13. Idaho (ID)
14. Illinois (IL)
15. Indiana (IN)	3,747,658	30,000	2 3,830,088
16. Iowa (IA)
17. Kansas (KS)
18. Kentucky (KY)	(3,747,658)	.....	.....
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

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

Accident and Health Insurance; Q3; Q13
Accounting Changes and Corrections of Errors; Q6, Note 2
Accounting Practices and Policies; Q6, Note 1
Admitted Assets; Q2; QSI01
Affiliated Transactions; Q2; Q3; Q7; Q7.1
Asbestos Losses and Loss Adjustment Expenses; Q6, Note 33
Bonds; Q2; Q5; Q7.1; Q7.2; QSI01; QSI02; QE04; QE05; QSupp2
Business Combinations and Goodwill; Q6, Note 3
Capital Gains (Losses); Q3; Q4; Q5
Capital Stock; Q3; Q4; Q6, Note 13
Capital Notes; Q3; Q5; Q6, Note 11
Caps; QE06; QSI04
Cash; Q2; Q5; QE12; QSupp2
Cash Equivalents; Q2; Q5; QE13
Collars; QE06; QSI04
Commissions; Q3; Q5
Common Stock; Q2; Q7.1; Q7.2; QSI01; QE04; QE05; QSupp2
Counterparty Exposure; Q6, Note 8; QE06; QE08
Contingencies; Q6, Note 14
Debt; Q6, Note 11
Deferred Compensation; Q6, Note 12
Derivative Instruments; Q6, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08
Director and Officer; QSupp7
Discontinued Operations; Q6, Note 4
Discounting of Liabilities; Q6, Note 32; Q8
Electronic Data Processing Equipment; Q2
Environmental Losses and Loss Adjustment Expenses; Q6, Note 33
Exchange or Counterparty; QE06; QE08
Expenses; Q3; Q4; Q5; Q8; QE01; QSupp3
Extinguishment of Liabilities; Q6, Note 17
Extraordinary Items; Q6, Note 21
Fair Value; Q7, Note 20
Federal ID Number; Q9
Federal Reserve Board; Q7
Finance and Service Charge; Q4
Floors; QE06; QSI04
Foreign Exchange; Q2; Q3; Q4; QSI01; QSI02; QSI03; QE04; QE05
Forwards; QE06; QSI04
Futures Contracts; QE07; QSI04
Guaranty Fund; Q2
Health Care Receivables; Q6, Note 28
Hedging Transactions; Q7.1; QE06; QE07
High Deductible Policies; Q6, Note 31
Holding Company; Q7; Q11; Q12
Income Generation Transactions; QE06; QE07
Income Taxes; Q2; Q3; Q4; Q5; Q6, Note 9
Intercompany Pooling; Q6, Note 26
Investment Income; Q2; Q4; Q5; Q6, Note 7; QSupp2
Investments; Q2; Q4; Q6, Note 5; Q7.1; Q7.2; QSI01; QSI03; QE03; QE04; QE05; QE08; QE13; QSupp2
Joint Venture; Q6, Note 6
Leases; Q6, Note 15
Licensing; Q3; Q7; Q10
Limited Liability Company (LLC); Q6, Note 6
Limited Partnership; Q6, Note 6
Lines of Business; Q8; Q13
Long-Term Invested Assets; QSI01; QE03
Loss Development; Q6
Losses; Q3; Q4; Q5; Q6, Note 25; Q8; Q10; Q13; Q14; QSupp1; QSupp3
Loss Adjustment Expenses; Q3; Q6, Note 26; Q8; Q14; QSupp3
Managing General Agents; Q6, Note 19; Q7
Medical Malpractice Insurance; Q13; Q15; QSupp5
Medicare Part D Coverage; QSupp6
Mortgage Loans; Q2; Q5; Q7.1; QSI01; QE02; QSupp2
Multiple Peril Crop Insurance; Q6, Note 35
Nonadmitted Assets; Q2; Q4; QSI01; QSI03
Non-Tabular Discount; Q6, Note 32
Off-Balance Sheet Risk; Q6, Note 16

INDEX TO PROPERTY & CASUALTY QUARTERLY STATEMENT

Options; Q7.1; QE06; QSI04
Organizational Chart; Q7; Q11
Other Derivative Transactions; QE06; QE07
Parent, Subsidiaries and Affiliates; Q2; Q3; Q6, Note 10; Q7.1
Participating Policies; Q6, Note 29
Pharmaceutical Rebates; Q6, Note 28
Policyholder Dividends; Q3; Q4; Q5
Postemployment Benefits; Q6, Note 12
Postretirement Benefits; Q6, Note 12
Preferred Stock; Q2; Q7.1; Q7.2; QSI01; QSI02; QE04; QSupp2
Premium Deficiency Reserves; Q6, Note 30
Premium Notes; Q2; Q5
Premiums; Q3; Q5; QSupp3
 Accrued Retrospective; Q2
 Advance; Q3
 Direct; Q10; Q13
 Earned; Q4; Q10; Q13; QSupp5
 Earned but Unbilled; Q2
 Unearned; Q3
 Written; Q4; Q10; Q13; QSupp5
Quasi Reorganizations; Q6, Note 13
Real Estate; Q2; Q5; Q7.1; QSI01; QE01; QSupp2
Redetermination, Contract Subject to; Q6, Note 24
Reinsurance; Q6, Note 23
 Assumed; Q13
 Ceded; Q3; Q9; QSupp3
 Commutation; Q6, Note 23
 Funds Held; Q2; Q3
 Losses; Q3; Q4; Q8; QSupp3
 Payable; Q3; QSupp3
 Premiums; Q3; QSupp3
 Receivable; Q2; QSupp3
 Unsecured; Q6, Note 23
 Uncollectible; Q6, Note 23
Reserves
 Incurred but Not Reported (IBNR); Q8; Q14
 Unpaid Loss Adjustment Expense (LAE); Q14
Retirement Plans; Q6, Note 12
Retrospectively Rated Contracts; Q6, Note 24
Salvage and Subrogation; Q10
Securities Lending; Q2; Q3; QE9; QE11
Servicing of Financial Assets; Q6, Note 17
Short-Term Investments; Q2; Q5; Q7.1; QSI03; QSupp2
Special Deposits; QSupp2
Stockholder Dividends; Q3; Q4; Q5
Structured Settlements; Q6, Note 27
Subscriber Savings Accounts; Q6, Note 34
Subsequent Events; Q6, Note 22
Surplus; Q3; Q4; Q5; Q6, Note 13; Q14; Q15; QSupp1; QSupp2; QSupp3
Surplus Notes; Q3; Q4; Q5
Swaps; QE07; QSI04
Synthetic Assets; QSI04; QSI05
Tabular Discount; Q6, Note 32
Third Party Administrator; Q6, Note 19; Q7
Treasury Stock; Q3; Q4; Q5
Underwriting Expenses; Q4
Uninsured Accident and Health; Q3; Q6, Note 18
Valuation Allowance; QSI01
Wash Sales; Q6, Note 17