



QUARTERLY STATEMENT
AS OF SEPTEMBER 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	7,501,508		7,501,508	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 (\$.....1,780,980), cash equivalents (\$.....102,765) and short-term investments (\$.....0)	1,883,746		1,883,746	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)	9,385,254		9,385,254	18,371,465
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	138,929		138,929	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	64,172		64,172	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	12,176		12,176	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)	9,600,532		9,600,532	19,301,106
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	9,600,532		9,600,532	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)		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))	41,318	
7.2	Net deferred tax liability	1,069	
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	46,483	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)	88,869	163,727
27.	Protected cell liabilities		
28.	TOTAL liabilities (Lines 26 and 27)	88,869	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	15,000,000	25,000,000
35.	Unassigned funds (surplus)	(9,080,327)	(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)	9,511,663	19,137,379
38.	TOTALS (Page 2, Line 28, Col. 3)	9,600,532	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		11,548,406	11,548,406
2.2	Assumed			
2.3	Ceded		11,073,023	11,073,023
2.4	Net		475,383	475,383
3.	Loss adjustment expenses incurred		(289,472)	(289,473)
4.	Other underwriting expenses incurred	340,721	727,164	926,635
5.	Aggregate write-ins for underwriting deductions			
6.	TOTAL underwriting deductions (Lines 2 through 5)	340,721	913,075	1,112,545
7.	Net income of protected cells			
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(340,721)	(913,075)	(1,112,545)
INVESTMENT INCOME				
9.	Net investment income earned	384,831	1,404,793	1,559,917
10.	Net realized capital gains (losses) less capital gains tax of \$.....79,381	298,625	(1,308,605)	(1,390,536)
11.	Net investment gain (loss) (Lines 9 + 10)	683,456	96,188	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)	342,735	(816,887)	(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)	342,735	(816,887)	(943,138)
19.	Federal and foreign income taxes incurred	(43,410)	(42,104)	(253,493)
20.	Net income (Line 18 minus Line 19) (to Line 22)	386,145	(774,783)	(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)	386,145	(774,783)	(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		(720)	1,103
25.	Change in net unrealized foreign exchange capital gain (loss)			
26.	Change in net deferred income tax	(11,861)	(237,231)	(231,907)
27.	Change in nonadmitted assets		104,825	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	(10,000,000)	(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)	(9,625,716)	(53,907,909)	(53,815,140)
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	9,511,663	19,044,609	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	508,772	1,995,893	2,194,312
3.	Miscellaneous income			25
4.	TOTAL (Lines 1 to 3)	508,772	1,995,893	2,194,338
5.	Benefit and loss related payments	53,666	6,416,161	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	379,343	2,542,796	2,761,265
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	(615,347)	13,628,619	13,628,620
10.	TOTAL (Lines 5 through 9)	(182,337)	22,587,576	22,614,737
11.	Net cash from operations (Line 4 minus Line 10)	691,109	(20,591,683)	(20,420,400)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	7,120,655	81,648,687	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	13		
12.7	Miscellaneous proceeds		3,969,375	3,992,410
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	7,120,668	85,618,062	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)	7,120,668	76,693,969	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	(10,000,000)	(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)	2,289	(3,929,772)	(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)	(9,997,711)	(56,929,772)	(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)	(2,185,935)	(827,486)	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)	1,883,746	2,039,429	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 #	09/30/2019	12/31/2018
Net Income					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 386,145	\$ (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	\$ 386,145	\$ (689,645)
Surplus					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 9,511,663	\$ 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	\$ 9,511,663	\$ 19,137,379

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

On August 29, 2019, TDC entered into a stock purchase agreement with an unrelated third-party to sell OHIC. The sale is pending regulatory approval.

B. Statutory Merger

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 (OTTI) - 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	\$ -
2. 12 months or longer	\$ 1,425
b. The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	\$ -
2. 12 months or longer	\$ 48,507

- (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

Notes to Financial Statement

5. Investments (Continued)

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

- 4. Dividends Paid and Declared

On August 29, 2019, the Company received approval from the Ohio Department of Insurance to pay an extraordinary dividend of \$10,000,000 to TDC on or after September 15, 2019. The dividend was paid on September 17, 2019. On May 25, 2018, the Company received approval from the Ohio Department of Insurance to pay an extraordinary dividend of \$53,000,000 to TDC on or after June 11, 2018. The dividend was paid on June 27, 2018.

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.

Notes to Financial Statement

20. Fair Value Measurements (Continued)

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

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	\$..... 7,929,517	\$..... 7,501,508	\$..... –	\$..... 7,929,517	\$..... –	\$..... –	\$..... –
Cash, cash equivalents and short-term investments	 1,883,746	 1,883,746	 1,883,746	 –	 –	 –	 –

D. Not Practicable to Estimate Fair Value - None

E. Nature and Risk of Investments Reported at NAV

21. Other Items - None

22. Events Subsequent

On October 7, 2019, the Company replaced its primary investment manager, Deutsche Investment Management Americas, Inc., with Blackrock, Inc.

Management of the Company has evaluated all events occurring after September 30, 2019 through November 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]
- 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.

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

Yes[X] No[]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:

The Doctors Company purchased Hospital Insurance Company effective 7/31/20219
- 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[]
- 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[] 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:

\$.....12,176

INVESTMENT

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

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

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

\$.....0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

Yes[] No[X]

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

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

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

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

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

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

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

16.3 Total payable for securities lending reported on the liability page

\$ 0
\$ 0
\$ 0

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

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

Yes[X] No[]

1 Name of Custodian(s)	2 Custodian Address
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?

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

Yes[] No[X]

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

17.5 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?

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?

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.

Yes[X] No[]
Yes[X] No[]

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

GENERAL INTERROGATORIES (Continued)

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

Yes☒ No☐
- 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☒
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☒

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
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

		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	112,430
16.	Iowa (IA)	L						
17.	Kansas (KS)	L						
18.	Kentucky (KY)	L						3,747,658
19.	Louisiana (LA)	N						
20.	Maine (ME)	N						
21.	Maryland (MD)	L					322,622	285,372
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					15,448,412	15,485,662
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	19,631,122
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

L

Licensed or Chartered - Licensed insurance carrier or domiciled RRG

Domestic Surplus Lines Insurer (DSLI)

Reporting entities authorized to write surplus lines in the state of domicile.

33

1

R

Q

N

Registered - Non-domiciled RRGs

Qualified - Qualified or accredited reinsurer

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%
Hospitals Insurance Company, Inc. (HIC)	13-3409466	NY	30317	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	00000	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	83-2667983				Healthcare Risk Advisors, Inc	NY	NIA	The Doctors Management Company	Board of Directors, Management		The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	30317	13-3409466				Hospitals Insurance Company, Inc.	NY	IA	The Doctors Company, An Interinsurance Exchange	Ownership	100.0	The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	30317	13-3409466				Hospitals Insurance Company, Inc.	NY	IA	The Doctors Management Company	Board of Directors, Management		The Doctors Company, An Interinsurance Exchange	N	
0831	The Doctors Group	30317	13-3409466				Hospitals Insurance Company, Inc.	NY	IA	Healthcare Risk Advisors, Inc.	Board of Directors, Management		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	

STATEMENT AS OF **September 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.

	RESPONSES
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	No
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	Yes
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No

Explanations:

Bar Codes:

Trusteed Surplus Statement



Medicare Part D Coverage Supplement



Director and Officer Supplement



OVERFLOW PAGE FOR WRITE-INS

N O N E

STATEMENT AS OF **September 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

		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

		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

		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	90,811,313
2.	Cost of bonds and stocks acquired		8,924,093
3.	Accrual of discount	533	4,155
4.	Unrealized valuation increase (decrease)		1,396
5.	Total gain (loss) on disposals	377,993	(1,721,211)
6.	Deduct consideration for bonds and stocks disposed of	7,120,655	83,549,136
7.	Deduct amortization of premium	58,147	145,791
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)	7,501,508	14,301,784
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	7,501,508	14,301,784

QSI02

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)	16,752,139	2,991,850	12,226,147	(16,334)	14,229,349	16,752,139	7,501,508	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	16,752,139	2,991,850	12,226,147	(16,334)	14,229,349	16,752,139	7,501,508	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	16,752,139	2,991,850	12,226,147	(16,334)	14,229,349	16,752,139	7,501,508	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 \$.....0; 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	13,895,101	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	16,257,391	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)	102,765	2,465,042
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	102,765	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

QE05

SCHEDULE D - PART 4

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

1	2	3 F o r e i g n	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP	Description		Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Administrative Symbol/ Market Indicator (a)
Bonds - U.S. Governments																					
36296KMW9	GNMA #693473		09/16/2019	PRINCIPAL RECEIPT	X X X	256	256	257	260		(5)		(5)		256				9	06/15/2038	1
36207JZR7	GNMA PASS-THRU X SINGLE FAMILY		09/16/2019	PRINCIPAL RECEIPT	X X X	212	212	214	212						212				10	05/15/2028	1
36208WCM3	GNMA PASS-THRU X SINGLE FAMILY		09/16/2019	PRINCIPAL RECEIPT	X X X	352	352	351	351		1		1		352				15	07/15/2028	1
36209NCP5	GNMA PASS-THRU X SINGLE FAMILY		09/16/2019	PRINCIPAL RECEIPT	X X X	141	141	143	141						141				6	05/15/2028	1
36295QVU1	GNMA PASS-THRU X SINGLE FAMILY		09/16/2019	PRINCIPAL RECEIPT	X X X	301	301	303	304		(3)		(3)		301				12	11/15/2037	1
36295XZZ1	GNMA PASS-THRU X SINGLE FAMILY		09/16/2019	PRINCIPAL RECEIPT	X X X	211	211	213	217		(6)		(6)		211				8	02/15/2038	1
36296GRY9	GNMA PASS-THRU X SINGLE FAMILY		09/16/2019	PRINCIPAL RECEIPT	X X X	211	211	213	219		(8)		(8)		211				8	06/15/2038	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	1,684	1,684	1,694	1,704		(21)		(21)		1,684				68	X X X	X X X
Bonds - U.S. Special Revenue, Special Assessment																					
13033LJG3	CALIFORNIA HEALTH FACS FING AU REF		09/09/2019	MORGAN STANLEY	X X X	786,090	750,000	771,173	754,616		(1,647)		(1,647)		752,969		33,121	33,121	32,375	11/15/2031	1FE
1307955E3	CALIFORNIA STATEWIDE CMNTYS DE		09/09/2019	MORGAN STANLEY	X X X	818,153	750,000	782,858	762,316		(2,467)		(2,467)		759,849		58,304	58,304	35,417	04/01/2042	1FE
235036H86	DALLAS FORT WORTH TEX INTL ARP		09/09/2019	JANNEY MONTGOMERY SCOTT, PHILA	X X X	794,963	725,000	785,494	752,241		(4,613)		(4,613)		747,628		47,334	47,334	31,215	11/01/2044	1FE
3137ARXS0	FHLMC REMIC SERIES 4073		09/16/2019	VARIOUS	X X X	300,529	289,762	320,006	315,251		(5,886)		(5,886)		309,365		(8,835)	(8,835)	8,974	07/15/2041	1
3137ASBP8	FHLMC REMIC SERIES 4077		09/16/2019	VARIOUS	X X X	230,482	224,685	242,485	239,518		(4,601)		(4,601)		234,916		(4,434)	(4,434)	6,096	11/15/2041	1
3137B1RP9	FHLMC REMIC SERIES 4189		09/16/2019	VARIOUS	X X X	433,404	414,547	451,468	445,426		(4,142)		(4,142)		441,284		(7,881)	(7,881)	11,265	11/15/2042	1
31384VV33	FNMA #535334		09/25/2019	PRINCIPAL RECEIPT	X X X	183	183	189	187		(3)		(3)		183				9	06/01/2030	1
31391SM64	FNMA #675481		09/25/2019	PRINCIPAL RECEIPT	X X X	64	64	66	66		(1)		(1)		64				2	02/01/2033	1
31400WSW1	FNMA #699933		09/25/2019	PRINCIPAL RECEIPT	X X X	2,884	2,884	2,905	2,921		(37)		(37)		2,884				101	04/01/2033	1
31406UK31	FNMA #820314		09/25/2019	PRINCIPAL RECEIPT	X X X	734	734	723	724		11		11		734				22	08/01/2035	1
31411W4N4	FNMA #917129		09/25/2019	PRINCIPAL RECEIPT	X X X	1,676	1,676	1,651	1,653		23		23		1,676				63	06/01/2037	1
31414SYU1	FNMA #975123		09/25/2019	PRINCIPAL RECEIPT	X X X	239	239	239	239		1		1		239				9	05/01/2038	1
31371KZA2	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	X X X	4,087	4,087	4,402	4,570		(483)		(483)		4,087				144	02/01/2033	1
88283KAB4	TEXAS TRANSN COMMN CENT TEX TP		09/09/2019	JANNEY MONTGOMERY SCOTT, PHILA	X X X	788,111	725,000	765,934	743,039		(3,233)		(3,233)		739,806		48,305	48,305	38,868	08/15/2041	1FE
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					X X X	4,161,599	3,888,861	4,129,593	4,022,767		(27,078)		(27,078)		3,995,684		165,914	165,914	164,560	X X X	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
61748HAR2	MORGAN STANLEY CAP 2004-5AR		09/25/2019	PRINCIPAL RECEIPT	X X X	2,698	2,698	2,708	2,820		(122)		(122)		2,698				72	07/25/2034	1FM
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	2,698	2,698	2,708	2,820		(122)		(122)		2,698				72	X X X	X X X
8399997 Subtotal - Bonds - Part 4					X X X	4,165,981	3,893,243	4,133,995	4,027,291		(27,221)		(27,221)		4,000,066		165,914	165,914	164,700	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	4,165,981	3,893,243	4,133,995	4,027,291		(27,221)		(27,221)		4,000,066		165,914	165,914	164,700	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	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	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	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	4,165,981	X X X	4,133,995	4,027,291		(27,221)		(27,221)		4,000,066		165,914	165,914	164,700	X X X	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

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	
open depositories										
Wells Fargo Bank, N.A.	San Francisco, CA				10,115		1,788,361	1,706,851	1,780,980	X X X
0199998 Deposits in0 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 ..	10,115		1,788,361	1,706,851	1,780,980	X X X
0299998 Deposits in0 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 ..	10,115		1,788,361	1,706,851	1,780,980	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 ..	10,115		1,788,361	1,706,851	1,780,980	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
Exempt Money Market Mutual Funds - as Identified by SVO								
665279873	MFB NORTHN INSTL FDS TREAS PORTFOL		08/31/2019	0.000	X X X	77,765		34,435
94975H296	WELLS FARGO ADV TREAS PLUS INSTI	SD ..	12/31/2017	0.000	X X X	25,001		412
8599999 Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO						102,766		34,847
8899999 Total - Cash Equivalents						102,766		34,847



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)					35,349	605,000	2	(282,378)
22.	Massachusetts (MA)								
23.	Michigan (MI)								
24.	Minnesota (MN)								
25.	Mississippi (MS)								
26.	Missouri (MO)								
27.	Montana (MT)								
28.	Nebraska (NE)								
29.	Nevada (NV)								
30.	New Hampshire (NH)								
31.	New Jersey (NJ)								
32.	New Mexico (NM)								
33.	New York (NY)								
34.	North Carolina (NC)								
35.	North Dakota (ND)								
36.	Ohio (OH)					(35,349)	2,230,000	5	330,252
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						2,835,000	7	47,874
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

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