



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2014
 OF THE CONDITION AND AFFAIRS OF THE
COVENTRY INSURANCE COMPANY

NAIC Group Code 0000, 0000 NAIC Company Code 45055 Employer's ID Number 05-0420799
(Current Period) (Prior Period)

Organized under the Laws of RHODE ISLAND, State of Domicile or Port of Entry Rhode Island

Country of Domicile US

Incorporated/Organized June 6, 1986 Commenced Business June 6, 1986

Statutory Home Office 12220 LANDRUM WAY, BOYNTON BEACH, Florida, US 33437
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 30 PARK AVENUE, MANHASSET, New York, US 11030 516-365-7440
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 30 PARK AVENUE, MANHASSET, New York, US 11030
(Street and Number or P. O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 30 PARK AVENUE, MANHASSET, New York, US 11030
(Street and Number, City or Town, State, Country and Zip Code)
516-365-7440
(Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact MYRON SELIG ROSS 561-369-2962
(Name) (Area Code) (Telephone Number) (Extension)
MBROSS1@BELLSOUTH.NET 561-733-5891
(E-Mail Address) (Fax Number)

OFFICERS

MICHAEL A ORLANDO# (PRESIDENT)
 MICHAEL P ORLANDO (SECRETARY)
 JOHN ORLANDO# (TREASURER)

OTHER

DIRECTORS OR TRUSTEES

JOHN ORLANDO
 MARK MAHER
 MICHAEL A ORLANDO
 DANIEL J MOGELNICKI
 MICHAEL P ORLANDO

State of New York }
 County of NASSAU } 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.

 MICHAEL A ORLANDO#
 PRESIDENT
 Subscribed and sworn to before me this _____
 day of _____ 2015

 MICHAEL P ORLANDO
 SECRETARY

 JOHN ORLANDO#
 TREASURER

- a. Is this an original filing? Yes (X) No ()
- b. If no: 1. State the amendment number _____
- 2. Date filed _____
- 3. Number of pages attached _____



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2014

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

NONE

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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2014

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

NONE

19GT

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

Page 20

Sch. F, Pt. 1, Assumed Reinsurance
NONE

Page 21

Sch. F, Pt. 2, Premium Portfolio Reinsurance Effected or Canceled
NONE

Page 22

Sch. F, Pt. 3, Ceded Reinsurance
NONE

Page 23

Sch. F, Pt. 4, Aging of Ceded Reinsurance
NONE

Page 24

Sch. F, Pt. 5, Provision for Unauthorized Reinsurance
NONE

Sch. F, Pt. 5, Bank Footnote
NONE

Page 25

Sch. F, Pt. 6 Sn. 1, Provision for Reinsurance Ceded
NONE

Sch. F, Pt. 6 Sn. 1, Bank Footnote
NONE

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Sch. F, Pt. 6 Sn. 2, Provision for Overdue Reinsurance Ceded
NONE

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Sch. F, Pt. 7, Provision for Overdue Authorized Reinsurance
NONE

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Sch. F, Pt. 8, Provision for Overdue Reinsurance
NONE

Page 29

Sch. F, Pt. 9, Balance Sheet, Identify Net Credit for Reinsurance
NONE

Page 30

Sch. H, Accident and Health Exhibit, Part 1
NONE

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Sch. H, Accident and Health Exhibit, Part 2
NONE

Sch. H, Accident and Health Exhibit, Part 3
NONE

Sch. H, Accident and Health Exhibit, Part 4
NONE

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Schedule H, Part 5, Health Claims
NONE

Page 35

Sch. P, Pt. 1A, Homeowners/Farmowners
NONE

Page 36

Sch. P, Pt. 1B, Private Passenger Auto Liability/Medical
NONE

Page 37

Sch. P, Pt. 1C, Commercial Auto/Truck Liability/Medical
NONE

Page 38

Sch. P, Pt. 1D, Workers' Compensation
NONE

Page 39

Sch. P, Pt. 1E, Commercial Multiple Peril
NONE

Page 40

Sch P, Pt. 1F, Sn. 1, Medical Professional Liability, Occurrence
NONE

Page 41

Sch P, Pt. 1F, Sn. 2, Medical Professional Liability Claims Made
NONE

Page 42

Sch. P, Pt. 1G, Special Liability
NONE

Page 43

Sch. P, Pt. 1H, Sn. 1, Other Liability, Occurrence
NONE

Page 44

Sch. P, Pt. 1H, Sn. 2, Other Liability, Claims Made
NONE

Page 45

Sch. P, Pt. 1I, Special Property
NONE

Page 46

Sch. P, Pt. 1J, Auto Physical Damage
NONE

Page 47

Sch. P, Pt. 1K, Fidelity/Surety
NONE

Page 48

Sch. P, Pt. 1L, Other (Including Credit, Accident/Health)
NONE

Page 49

Sch. P, Pt. 1M, International
NONE

Page 50

Sch. P, Pt. 1N, Reinsurance Property
NONE

Page 51

Sch. P, Pt. 1O, Reinsurance Liability
NONE

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Sch. P, Pt. 1P, Reinsurance Financial Lines
NONE

Page 53

Sch. P, Pt. 1R, Sn. 1, Products Liability, Occurrence
NONE

Page 54

Sch. P, Pt. 1R, Sn. 2, Products Liability, Claims Made
NONE

Page 55

Sch. P, Pt. 1S, Financial Guaranty/Mortgage Guaranty
NONE

Page 56

Sch. P, Pt. 1T, Warranty
NONE

Page 57

Sch. P, Pt. 2A, Homeowners/Farmowners
NONE

Sch. P, Pt. 2B, Private Passenger Auto Liability/Medical
NONE

Sch. P, Pt. 2C, Commercial Auto/Truck Liability/Medical
NONE

Sch. P, Pt. 2D, Workers' Compensation
NONE

Sch. P, Pt. 2E, Commercial Multiple Peril
NONE

Page 58

Sch P, Pt. 2F, Sn. 1, Medical Professional Liability, Occurrence
NONE

Sch P, Pt. 2F, Sn. 2, Medical Professional Liability Claims Made
NONE

Sch. P, Pt. 2G, Special Liability
NONE

Sch. P, Pt. 2H, Sn. 1, Other Liability, Occurrence
NONE

Sch. P, Pt. 2H, Sn. 2, Other Liability, Claims - Made
NONE

Page 59

Sch. P, Pt. 2I, Special Property
NONE

Sch. P, Pt. 2J, Auto Physical Damage
NONE

Sch. P, Pt. 2K, Fidelity/Surety
NONE

Sch. P, Pt. 2L, Other (Including Credit, Accident and Health)
NONE

Sch. P, Pt. 2M, International
NONE

Page 60

Sch. P, Pt. 2N, Reinsurance
NONE

Sch. P, Pt. 2O, Reinsurance
NONE

Sch. P, Pt. 2P, Reinsurance
NONE

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Sch. P, Pt. 2R, Sn. 1, Products Liability, Occurrence
NONE

Sch. P, Pt. 2R, Sn. 2, Products Liability, Claims Made
NONE

Sch. P, Pt. 2S, Financial Guaranty/Mortgage Guaranty
NONE

Sch. P, Pt. 2T, Warranty
NONE

Page 62

Sch. P, Pt. 3A, Homeowners/Farmowners
NONE

Sch. P, Pt. 3B, Private Passenger Auto Liability/Medical
NONE

Sch. P, Pt. 3C, Commercial Auto/Truck Liability/Medical
NONE

Sch. P, Pt. 3D, Workers' Compensation
NONE

Sch. P, Pt. 3E, Commercial Multiple Peril
NONE

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Sch P, Pt. 3F, Sn. 1, Medical Professional Liability, Occurrence
NONE

Sch P, Pt. 3F, Sn. 2, Medical Professional Liability, Claims Made
NONE

Sch. P, Pt. 3G, Special Liability
NONE

Sch. P, Pt. 3H, Sn. 1, Other Liability, Occurrence
NONE

Sch. P, Pt. 3H, Sn. 2, Other Liability, Claims Made
NONE

Page 64

Sch. P, Pt. 3I, Special Property
NONE

Sch. P, Pt. 3J, Auto Physical Damage
NONE

Sch. P, Pt. 3K, Fidelity/Surety
NONE

Sch. P, Pt. 3L, Other (Including Credit, Accident and Health)
NONE

Sch. P, Pt. 3M, International
NONE

Page 65

Sch. P, Pt. 3N, Reinsurance
NONE

Sch. P, Pt. 3O, Reinsurance
NONE

Sch. P, Pt. 3P, Reinsurance
NONE

Page 66

Sch. P, Pt. 3R, Sn. 1, Product Liability, Occurrence
NONE

Sch. P, Pt. 3R, Sn. 2, Product Liability, Claims Made
NONE

Sch. P, Pt. 3S, Financial Guaranty/Mortgage Guaranty
NONE

Sch. P, Pt. 3T, Warranty
NONE

Page 67

Sch. P, Pt. 4A, Homeowners/Farmowners
NONE

Sch. P, Pt. 4B, Private Passenger Auto Liability/Medical
NONE

Sch. P, Pt. 4C, Commercial Auto/Truck Liability/Medical
NONE

Sch. P, Pt. 4D, Workers' Compensation
NONE

Sch. P, Pt. 4E, Commercial Multiple Peril
NONE

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Sch P, Pt. 4F, Sn. 1, Medical Professional Liability, Occurrence
NONE

Sch P, Pt. 4F, Sn. 2, Medical Professional Liability, Claims Made
NONE

Sch. P, Pt. 4G, Special Liability
NONE

Sch. P, Pt. 4H, Sn. 1, Other Liability, Occurrence
NONE

Sch. P, Pt. 4H, Sn. 2, Other Liability, Claims Made
NONE

Page 69

Sch. P, Pt. 4I, Special Property
NONE

Sch. P, Pt. 4J, Auto Physical Damage
NONE

Sch. P, Pt. 4K, Fidelity/Surety
NONE

Sch. P, Pt. 4L, Other (Including Credit, Accident and Health)
NONE

Sch. P, Pt. 4M, International
NONE

Page 70

Sch. P, Pt. 4N, Reinsurance
NONE

Sch. P, Pt. 4O, Reinsurance
NONE

Sch. P, Pt. 4P, Reinsurance
NONE

Page 71

Sch. P, Pt. 4R, Sn. 1, Products Liability, Occurrence
NONE

Sch. P, Pt. 4R, Sn. 2, Products Liability, Claims Made
NONE

Sch. P, Pt. 4S, Financial Guaranty/Mortgage Guaranty
NONE

Sch. P, Pt. 4T, Warranty
NONE

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Sch. P, Pt. 5A, Sn. 1, Homeowners/Farmowners
NONE

Sch. P, Pt. 5A, Sn. 2, Homeowners/Farmowners
NONE

Sch. P, Pt. 5A, Sn. 3, Homeowners/Farmowners
NONE

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Sch. P, Pt. 5B, Sn. 1, Private Passenger Auto Liability/Medical
NONE

Sch. P, Pt. 5B, Sn. 2, Private Passenger Auto Liability/Medical
NONE

Sch. P, Pt. 5B, Sn. 3, Private Passenger Auto Liability/Medical
NONE

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Sch. P, Pt. 5C, Sn. 1, Commercial Auto/Truck Liability/Medical
NONE

Sch. P, Pt. 5C, Sn. 2, Commercial Auto/Truck Liability/Medical
NONE

Sch. P, Pt. 5C, Sn. 3, Commercial Auto/Truck Liability/Medical
NONE

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Sch. P, Pt. 5D, Sn. 1, Workers' Compensation
NONE

Sch. P, Pt. 5D, Sn. 2, Workers' Compensation
NONE

Sch. P, Pt. 5D, Sn. 3, Workers' Compensation
NONE

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Sch. P, Pt. 5E, Sn. 1, Commercial Multiple Peril
NONE

Sch. P, Pt. 5E, Sn. 2, Commercial Multiple Peril
NONE

Sch. P, Pt. 5E, Sn. 3, Commercial Multiple Peril
NONE

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Sch P, Pt. 5F, Sn. 1A, Medical Professional Liability, Occurrence
NONE

Sch P, Pt. 5F, Sn. 2A, Medical Professional Liability, Occurrence
NONE

Sch P, Pt. 5F, Sn. 3A, Medical Professional Liability, Occurrence
NONE

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Sch P, Pt. 5F, Sn. 1B, Medical Professional Liability Claims Made
NONE

Sch P, Pt. 5F, Sn. 2B, Medical Professional Liability Claims Made
NONE

Sch P, Pt. 5F, Sn. 3B, Medical Professional Liability Claims Made
NONE

Page 79

Sch. P, Pt. 5H, Sn. 1A, Other Liability, Occurrence
NONE

Sch. P, Pt. 5H, Sn. 2A, Other Liability, Occurrence
NONE

Sch. P, Pt. 5H, Sn. 3A, Other Liability, Occurrence
NONE

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Sch. P, Pt. 5H, Sn. 1B, Other Liability, Claims Made
NONE

Sch. P, Pt. 5H, Sn. 2B, Other Liability, Claims Made
NONE

Sch. P, Pt. 5H, Sn. 3B, Other Liability, Claims Made
NONE

Page 81

Sch. P, Pt. 5R, Sn. 1A, Products Liability, Occurrence
NONE

Sch. P, Pt. 5R, Sn. 2A, Products Liability, Occurrence
NONE

Sch. P, Pt. 5R, Sn. 3A, Products Liability, Occurrence
NONE

Page 82

Sch. P, Pt. 5R, Sn. 1B, Products Liability, Claims Made
NONE

Sch. P, Pt. 5R, Sn. 2B, Products Liability, Claims Made
NONE

Sch. P, Pt. 5R, Sn. 3B, Products Liability, Claims Made
NONE

Page 83

Sch. P, Pt. 5T, Sn. 1, Warranty
NONE

Sch. P, Pt. 5T, Sn. 2, Warranty
NONE

Sch. P, Pt. 5T, Sn. 3, Warranty
NONE

Page 84

Sch. P, Pt. 6C, Sn. 1, Commercial Auto/Truck Liability/Medical
NONE

Sch. P, Pt. 6C, Sn. 2, Commercial Auto/Truck Liability/Medical
NONE

Sch. P, Pt. 6D, Sn. 1, Workers' Compensation
NONE

Sch. P, Pt. 6D, Sn. 2, Workers' Compensation
NONE

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Sch. P, Pt. 6E, Sn. 1, Commercial Multiple Peril
NONE

Sch. P, Pt. 6E, Sn. 2, Commercial Multiple Peril
NONE

Sch. P, Pt. 6H, Sn. 1A, Other Liability, Occurrence
NONE

Sch. P, Pt. 6H, Sn. 2A, Other Liability, Occurrence
NONE

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Sch. P, Pt. 6H, Sn. 1B, Other Liability, Claims Made
NONE

Sch. P, Pt. 6H, Sn. 2B, Other Liability, Claims Made
NONE

Sch. P, Pt. 6M, Sn. 1, International
NONE

Sch. P, Pt. 6M, Sn. 2, International
NONE

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Sch. P, Pt. 6N, Sn. 1, Reinsurance

NONE

Sch. P, Pt. 6N, Sn. 2, Reinsurance

NONE

Sch. P, Pt. 6O, Sn. 1, Reinsurance

NONE

Sch. P, Pt. 6O, Sn. 2, Reinsurance

NONE

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Sch. P, Pt. 6R, Sn. 1A, Products Liability, Occurrence

NONE

Sch. P, Pt. 6R, Sn. 2A, Products Liability, Occurrence

NONE

Sch. P, Pt. 6R, Sn. 1B, Products Liability, Claims Made

NONE

Sch. P, Pt. 6R, Sn. 2B, Products Liability, Claims Made

NONE

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Sch. P, Pt. 7A, Sn. 1, Primary, Loss Sensitive Contracts

NONE

Sch. P, Pt. 7A, Sn. 2, Incurred Losses and Cost Containment Exp

NONE

Sch. P, Pt. 7A, Sn. 3, Bulk and Incurred But Not Reported Res.

NONE

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Sch. P, Pt. 7A, Sn. 4, Net Earned Premiums Reported

NONE

Sch. P, Pt. 7A, Sn. 5, Net Reserve for Premium Adjustments

NONE

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Sch. P, Pt. 7B, Sn. 1, Reinsurance Loss Sensitive Contracts

NONE

Sch. P, Pt. 7B, Sn. 2, Incurred Losses and Cost Containment Exp.

NONE

Sch. P, Pt. 7B, Sn. 3, Bulk Incurred But Not Reported Reserves

NONE

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Sch. P, Pt. 7B, Sn. 4, Net Earned Premiums Reported at Year End
NONE

Sch. P, Pt. 7B, Sn. 5, Net Reserve for Premium Adjustments
NONE

Sch. P, Pt. 7B, Sn. 6, Incurred Adjustable Commissions
NONE

Sch. P, Pt. 7B, Sn. 7, Reserves for Commission Adjustments
NONE

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes () No (X)
- If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes () No (X)
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes () No (X)
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes () No () N/A (X)
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2005		
1.603 2006		
1.604 2007		
1.605 2008		
1.606 2009		
1.607 2010		
1.608 2011		
1.609 2012		
1.610 2013		
1.611 2014		
1.612 Totals		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes () No (X)
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes () No (X)
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes () No (X)
- If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.
- Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
- Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for: 5.1 Fidelity \$
 (in thousands of dollars) 5.2 Surety \$
6. Claim count information is reported per claim or per claimant. (indicate which).
- If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes () No (X)
- 7.2 An extended statement may be attached:
-
-
-

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Sch. T, Part 2, Interstate Compact

NONE

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
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)	*
000	N/A	00000	05-0420792			N/A	WARWICK REINSURANCE INTERMEDIARIES INC.	RI	PAR	ORLANDO MANAGEMENT CORP	OWNERSHIP	100.000	MICHAEL A ORLANDO	N/A
000	N/A	00000	11-2469256			N/A	ORLANDO MANAGEMENT CORP	NY	PAR	MICHAEL A ORLANDO	OWNERSHIP	100.000	MICHAEL A ORLANDO	N/A
	N/A	45055	05-0420799			N/A	COVENTRY INS CO	RI	PAR	WARWICK REINSURANCE INTERMEDIARIES	OWNERSHIP	100.000	MICHAEL A ORLANDO	N/A

Asterisk

Explanation

NONE

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
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9999999 - CONTROL TOTALS NONE

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE COVENTRY INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	MARCH FILING	RESPONSES
1. Will an actuarial opinion be filed by March 1?		WAIVED
EXPLANATION:		
BARCODE: Document Identifier 440:	4 5 0 5 5 2 0 1 4 4 4 0 0 0 0 0 0	
		
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?		WAIVED
EXPLANATION:		
BARCODE: Document Identifier 460:	4 5 0 5 5 2 0 1 4 4 6 0 0 0 0 0 0	
		
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?		SEE EXPLANATION
EXPLANATION:		
BARCODE: Document Identifier 390:		
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 390:		
	APRIL FILING	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 270:		
6. Will Management's Discussion and Analysis be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 350:		
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 285:		
	MAY FILING	
8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?		SEE EXPLANATION
EXPLANATION: none required		
BARCODE: Document Identifier 201:		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE COVENTRY INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (Continued)

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

JUNE FILING

9. Will an audited financial report be filed by June 1? YES

EXPLANATION:

BARCODE:
Document Identifier 220:

10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? YES

EXPLANATION:

BARCODE:
Document Identifier 221:

AUGUST FILING

11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? WAIVED

EXPLANATION:

BARCODE:
Document Identifier 222:



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.

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? NO

EXPLANATION:

BARCODE:
Document Identifier 420:



13. Will the Financial Guaranty Insurance Exhibit be filed by March 1? NO

EXPLANATION:

BARCODE:
Document Identifier 240:



14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? NO

EXPLANATION:

BARCODE:
Document Identifier 360:



15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? NO

EXPLANATION:

BARCODE:
Document Identifier 455:



16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? NO

EXPLANATION:









BARCODE:
Document Identifier 490:



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE COVENTRY INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (Continued)

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.

	MARCH FILING	RESPONSES
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 385:	4 5 0 5 5 2 0 1 4 3 8 5 0 0 0 0 0	
		
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 401:	4 5 0 5 5 2 0 1 4 4 0 1 0 0 0 0 0	
		
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 365:	4 5 0 5 5 2 0 1 4 3 6 5 0 0 0 0 0	
		
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?		NO
EXPLANATION:		
BARCODE: Document Identifier 441:	4 5 0 5 5 2 0 1 4 4 4 1 0 0 0 0 0	
		
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 399:	4 5 0 5 5 2 0 1 4 3 9 9 0 0 0 0 0	
		
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 400:	4 5 0 5 5 2 0 1 4 4 0 0 0 0 0 0 0	
		
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 500:	4 5 0 5 5 2 0 1 4 5 0 0 0 0 0 0 0	
		
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 505:	4 5 0 5 5 2 0 1 4 5 0 5 0 0 0 0 0	
		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE COVENTRY INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (Continued)

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.

MARCH FILING	RESPONSES
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO

EXPLANATION:

BARCODE:
Document Identifier 224:

4 5 0 5 5 2 0 1 4 2 2 4 0 0 0 0 0



26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
--	----

EXPLANATION:

BARCODE:
Document Identifier 225:

4 5 0 5 5 2 0 1 4 2 2 5 0 0 0 0 0



27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
--	----

EXPLANATION:

BARCODE:
Document Identifier 226:

4 5 0 5 5 2 0 1 4 2 2 6 0 0 0 0 0



APRIL FILING

28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
---	----

EXPLANATION:
no credit insurance written

BARCODE:
Document Identifier 230:

4 5 0 5 5 2 0 1 4 2 3 0 0 0 0 0 0



29. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
---	----

EXPLANATION:
no long term care policies written

BARCODE:
Document Identifier 306:

4 5 0 5 5 2 0 1 4 3 0 6 0 0 0 0 0



30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
---	----

EXPLANATION:
no accident & health policies written

BARCODE:
Document Identifier 210:

4 5 0 5 5 2 0 1 4 2 1 0 0 0 0 0 0



31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
---	----

EXPLANATION:
no health care policies written

BARCODE:
Document Identifier 216:

4 5 0 5 5 2 0 1 4 2 1 6 0 0 0 0 0



APRIL FILING

32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
--	----

EXPLANATION:
no health care policies written

BARCODE:
Document Identifier 217:

4 5 0 5 5 2 0 1 4 2 1 7 0 0 0 0 0



**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES
(Continued)**

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.

AUGUST FILING

RESPONSES

33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

YES

EXPLANATION:

BARCODE:

Document Identifier 223:

Property and Casualty

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Property and Casualty

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