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JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

Re: Form A Statement Regarding the Proposed Acquisition of
Control of Washington Casualty Company

Dear Mr. Pastuch,

On behalf of Medical Professional Mutual Insurance Company, a mutual medical liability insurance company domiciled in the Commonwealth of Massachusetts (the "Applicant"), enclosed please find one original and one copy of a Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer (the "Application") seeking the approval of the Insurance Commissioner of the State of Washington (the "Commissioner") pursuant to the requirements of 48.31B.015 of the Washington Insurance Code, for the proposed acquisition of control by the Applicant of Washington Casualty Company, a property and casualty insurance company domiciled in the State of Washington (the "Domestic Insurer"). In addition, we have enclosed a compact disc containing a copy of the Application in PDF format. The Domestic Insurer is a direct, wholly-owned subsidiary of FinCor Holdings, Inc., a Michigan company ("FinCor").

The Applicant proposes to acquire control of the Domestic Insurer pursuant to an Agreement and Plan of Merger by and among FinCor, Horizon Merger Corporation, a newly formed Michigan Corporation and a direct, wholly-owned subsidiary of the Applicant ("Merger Sub"), the Applicant and Holders Agent, Inc., a newly formed Michigan Corporation and a direct, wholly-owned

subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

The information contained in Exhibit J to the Application and in the "Supplemental Personal Information" portion of the biographical affidavits, which are attached to the Application as Exhibit K, is of a personal nature that is not otherwise available to the public and is being submitted to the Commissioner in confidence. Such information should be afforded confidential treatment and is being provided with the express understanding that the confidentiality of such information will be safeguarded and the directors and executive officers to whom such information relates will be protected from any and all unwarranted invasions of personal privacy pursuant to all applicable provisions of law, including but not limited to, Revised Code of Washington Sections 42.56.070 and 42.56.230.

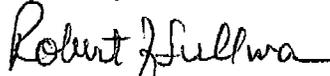
Office of the Insurance Commissioner

June 16, 2009

Page 3

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Sincerely,


Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



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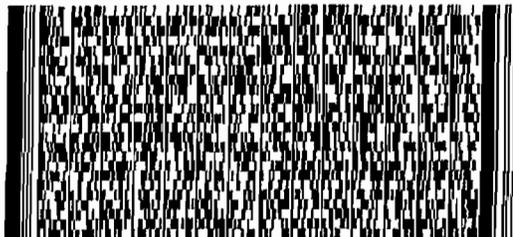


Ref # 01507000014H. Matthew Crusey
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SHIP TO: (360)725-7211 **BILL SENDER**
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Tumwater, WA 985014426

RELEASE#: 3785346

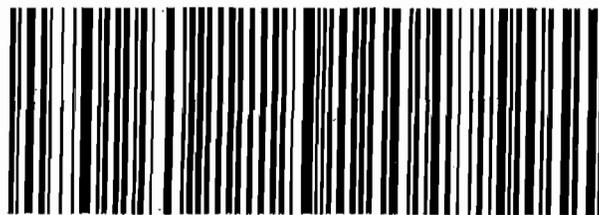


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FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, MA 02110-1129
1-800-225-6168

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **Bruce Solomon Auerbach**
2. a. Are you a citizen of the United States? **Yes**
b. Are you a citizen of any other country, if so, what country?
3. Affiant's Occupation or Profession. **Physician**
4. Affiant's business address. **Sturdy Memorial Hospital, 211 Park Street, Attleboro, MA 02703**
Business telephone. **508-236-7040**
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Temple University	Philadelphia, PA	1967 - 1971	BA

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Non-Degree/Physiology	University of PA	Philadelphia, PA	1972-1973	N/A
	University De Lille	Lille, France	1972-1975	N/A
	Temple University	Philadelphia, PA	1975-1978	MD

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Los Angeles County Harbor, UCLA Medical Center, Torrance, CA		1978-1979	Internship
Emergency Medicine, UCLA Medical Center, Torrance, CA		1979-1981	Residency
Emergency Medicine, UCLA Medical Center, Torrance, CA		1981	Chief Resident

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) **Medical Professional Mutual Insurance Company**

NAIC No. **10206**
FEIN: **04-2595783**

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Massachusetts Medical Society		860 Winter ST, Waltham Woods Corporate Center, Waltham, MA 02451	781-893-4610
Federal Government Affairs Committee, American College of Emergency Physicians		1125 Executive Circle, Irving TX, 75038-2522	1-800-798-1822
Clinical Issue Advisory Council		Massachusetts Hospital Association	781-272-8000
Massachusetts College of Emergency Physicians		860 Winter St, Waltham, MA 02541	781-890-4407
American Board of Emergency Medicine		3000 Coolidge Rd, East Lansing, MI 48823-6319	517-332-4800
American Board of Medical Examiners		1338 3rd Avenue, Huntington, WV 25701	877-523-1415
Bristol North District Medical Society		10 Riverside Dr, Lakeville, MA 02347	508-946-0120

7. Present or proposed position with the applicant entity. **Director**

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. See attached list.

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond? NO If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License Medical Board of CA Address 2005 Evergreen St., Suite 1200

City Sacramento State/Province CA Country USA Postal Code 95815

License Type Medical License License # G40479 Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) (916) 263-2382

Organization /Issuer of License MA Board of Registration in Medicine Address 200 Harvard Mill Square, Suite 330

City Wakefield State/Province MA Country USA Postal Code 01880

License Type Medical License License # 47844 Date Issued (MM/YY) 6/1981

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) (781) 876-8200

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? **NO**
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? **NO**
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? **NO**
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? **NO**
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? **NO**
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? **NO**
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? **NO**
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? **NO**
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? **NO**

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. **NONE**

If any of the stock is pledged or hypothecated in any way, give details. **N/A**

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. **NO**

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

- 14. Have you ever been adjudged a bankrupt? If yes, provide details **NO**

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO
 - b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO
 - c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of June 2009 at ProMutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By Bruce Averbach, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Applicant Name (Company) **Medical Professional Mutual Insurance Company**

NAIC No. **10206**

FEIN: **04-2595783**

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company
101 Arch Street
Boston, MA 02110-1129
1-800-225-6168

1. Affiant's Full Name (Initials Not Acceptable). **Bruce Solomon Auerbach**
2. Have you ever used any other name including nickname, maiden name or aliases? NO If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number **██████████**
4. Government Identification Number if not a U.S. Citizen _____
5. Foreign Student ID# (if applicable) _____
6. Date of Birth: (MM/DD/YY) **██████████** Place of Birth: City **Philadelphia**
State/Province **Pennsylvania** Country **USA**
7. Name of Affiant's Spouse (if applicable) **Robin Richman**

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>1982 - Present</u>	[REDACTED]				

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

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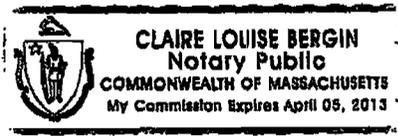
[Signature]
(Signature of Affiant)

State of MA County of Suffolk

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- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5 2013
My Commission Expires

1998-Present	Ambulance Diversion Task Force, Massachusetts Department of Public Health, Commonwealth of Massachusetts, 250 Washington St., Boston, MA 02108	Member
1996-Present	Medical Professional Mutual Ins. Co. 101 Arch St., Boston, MA 02110	Advisory Board
1995-Present	Department of Public Health, Commonwealth of Massachusetts, 250 Washington St., Boston, MA 02108,	Emergency Medical Care Advisory Bd. Vice Chair
1994-Present	Sturdy Memorial Associates, Inc., 211 Park St., Attleboro, MA 02703,	Board Member
1992-Present	Registry of Motor Vehicles, Commonwealth of Massachusetts, 630 Washington St., Boston, MA 02111, Member, Medical Advisory Board	Medical Advisory Board Member
1989-Present	University of Massachusetts Medical School, 55 Lake Ave North, Worcester, MA 01655 of Emergency Medicine	Instructor in Medicine/Div
1989-Present	Emergency Medical Care Advisory Board, Department of Public Health, Commonwealth of Massachusetts, 250 Washington St., Boston, MA 02108	Member
1987-Present	Sturdy Memorial Hospital, 211 Park St., Attleboro, MA 02703	VP & Chief Emergency & Ambulatory Services/ Dir. of Emergency
1987-Present	Medical Professional Mutual Ins. Co., 101 Arch St., Boston, MA 02110	Member
1985-Present	Tufts University School of Medicine, 136 Harrison Ave Boston, MA 02111	Asst. Clinical Professor of Community Medicine

1988 – 2002	Southeastern Massachusetts EMS Council, 339 Centre St., Suite 56 Middleboro, MA 02346	President and Medical Director, Region V
1989-1999	Department of Public Health, Commonwealth of Massachusetts 250 Washington St., Boston, MA 02108	Helicopter Utilization Committee
1985-1987	Newton-Wellesley Hospital, 2014 Washington Street Newton, MA 02462	Assoc. Dir. Emergency Dept.

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

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FAX: (212) 735-2000
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JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

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Control of Washington Casualty Company

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subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

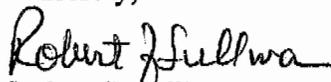
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Office of the Insurance Commissioner
June 16, 2009
Page 3

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Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



025208809102124

Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code



SHIP TO: (360)725-7211 **BILL SENDER**
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Ref # 01507000014H. Matthew Crusey
Invoice #
PO #
Dept #

Tumwater, WA 985014426

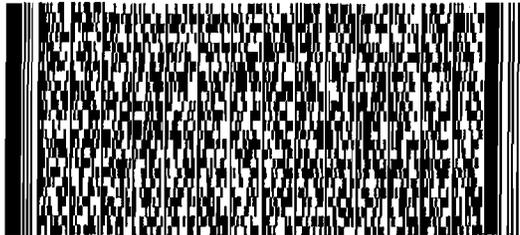
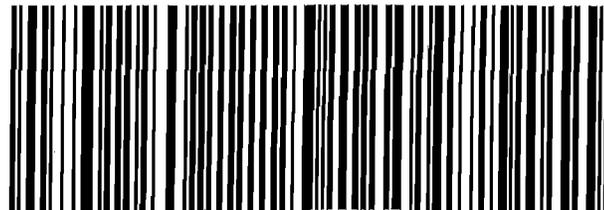
RELEASE#: 3785346

TRK# 7912 3052 1910
0201

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FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

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101 Arch Street
Boston, Massachusetts 02110-1129

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **Brenda Eliza Richardson Slater**
2. a. Are you a citizen of the United States? **NO**
 b. Are you a citizen of any other country, if so, what country? **Yes, Canada.**
3. Affiant's Occupation or Profession. **Physician - Nutritionist**
4. Affiant's business address. **Harmony First, LLC, 18 Constitution Dr Suite 10, Bedford, NH**

Business telephone. **603-668-5200**

5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Univ. of Guelph	Ontario, Canada	1971	BHSC
Univ. of Toronto	Toronto, Canada	1972	B.Ed.

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
McMaster Univ.	Ontario, Canada		1975	MD
University of Toronto	Toronto, Canada		1975-1976	B.Ed.
Harvard University	Boston, MA		1977	MS

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
American Board of Quality Assurance and Utilization			Board Certification

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Addison-Gilbert Hospital, Chair of the Operations Committee Medical Staff		298 Washington St, Gloucester MA, 01930	978-283-4000
American Board of Quality Assurance and Utilization Review Physicians		6640 Congress St, New Port Richey, FL, 34653	800-998-6030
American Medical Assoc.		515 North State Street, Chicago, IL 60610	800-621-5335
Cape Ann AIDS Task Force			
Essex South District Medical Society		860 Winter St, Waltham, MA 02451	781-434-7211
Harmony First LLC, President		18 Constitution Dr, Suite 10, Bedford, NH 03110	603-668-5200

7. Present or proposed position with the applicant entity. **Vice Chairwoman**

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY) 1978 - Present Employer's Name Self-employed

Address 118 School St City Manchester State/Province Massachusetts

Country USA Postal Code 01944 Phone 603-668-5200 Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 1998- Present Employer's Name Harmony First, LLC

Address 18 Constitution Dr Suite 10 City Bedford State/Province New Hampshire

Country USA Postal Code 03110 Phone (603) 668-5200 Offices/Positions Held Consultant and Principal

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 2002 - Present Employer's Name Medical Professional Mutual Insurance Company, ProSelect Ins. Co, ProMutual Group, Inc., ProMutual Insurance Agency, Inc.,

Address 101 Arch Street City Boston State/Province MA

Country USA Postal Code 02110 Phone (617) 330-1755 Offices/Positions Held Director

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond? NO If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License Board of Registration in Medicine Address 200 Harvard Mill Square, Suite 330

City Wakefield State/Province MA Country USA Postal Code 01880

License Type Medical License License # 42071 Date Issued (MM/YY) 10/77

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of June 2007 at Pro Mutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Brenda K. Richardson
(Signature of Affiant)

State of MA County of Suffolk

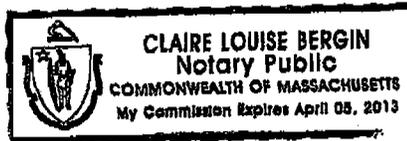
The foregoing instrument was acknowledged before me this 3rd day of June, 2007 By

Brenda Richardson and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

1. Affiant's Full Name (Initials Not Acceptable). **Brenda Eliza Richardson Slater**
2. Have you ever used any other name including nickname, maiden name or aliases? YES If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
<u>1/6/48 - 1975</u>	<u>Brenda Eliza Richardson</u>	<u>Maiden Name before marriage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number
4. Government Identification Number if not a U.S. Citizen _____
5. Foreign Student ID# (if applicable) _____
6. Date of Birth: (MM/DD/YY) Place of Birth: City **Sudbury**
State/Province **Ontario** Country **Canada**
7. Name of Affiant's Spouse (if applicable) **Kenneth Slater, M.D.**

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending</u> Dates (MM/YY)	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
1977 - Present					

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 3rd day of June, 2009 at Pamutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Brenda L. Schubert ms
(Signature of Affiant)

State of MA County of Suffolk

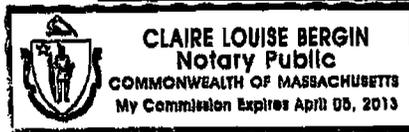
The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By

Brenda Richardson, and:

who is personally known to me, or

who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS *(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, 101 Arch Street, Boston, MA, 02110, 800-225-6168.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Brenda Eliza Richardson Slater, [Redacted]

Brenda Eliza Richardson Slater
(Signature)

June 3, 2009
(Date)

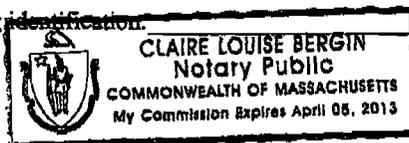
State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June 2009 By Brenda Richardson, and

who is personally known to me, or

who produced the following identification.

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5 2013
My Commission Expires

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

TEL: (212) 735-3000
FAX: (212) 735-2000
www.skadden.com

RECEIVED

JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

FIRM/AFFILIATE OFFICES

BOSTON
CHICAGO
HOUSTON
LOS ANGELES
PALO ALTO
SAN FRANCISCO
WASHINGTON, D.C.
WILMINGTON

BEIJING
BRUSSELS
FRANKFURT
HONG KONG
LONDON
MOSCOW
MUNICH
PARIS
SINGAPORE
SYDNEY
TOKYO
TORONTO
VIENNA

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

Re: Form A Statement Regarding the Proposed Acquisition of
Control of Washington Casualty Company

Dear Mr. Pastuch,

On behalf of Medical Professional Mutual Insurance Company, a mutual medical liability insurance company domiciled in the Commonwealth of Massachusetts (the "Applicant"), enclosed please find one original and one copy of a Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer (the "Application") seeking the approval of the Insurance Commissioner of the State of Washington (the "Commissioner") pursuant to the requirements of 48.31B.015 of the Washington Insurance Code, for the proposed acquisition of control by the Applicant of Washington Casualty Company, a property and casualty insurance company domiciled in the State of Washington (the "Domestic Insurer"). In addition, we have enclosed a compact disc containing a copy of the Application in PDF format. The Domestic Insurer is a direct, wholly-owned subsidiary of FinCor Holdings, Inc., a Michigan company ("FinCor").

The Applicant proposes to acquire control of the Domestic Insurer pursuant to an Agreement and Plan of Merger by and among FinCor, Horizon Merger Corporation, a newly formed Michigan Corporation and a direct, wholly-owned subsidiary of the Applicant ("Merger Sub"), the Applicant and Holders Agent, Inc., a newly formed Michigan Corporation and a direct, wholly-owned

subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

The information contained in Exhibit J to the Application and in the "Supplemental Personal Information" portion of the biographical affidavits, which are attached to the Application as Exhibit K, is of a personal nature that is not otherwise available to the public and is being submitted to the Commissioner in confidence. Such information should be afforded confidential treatment and is being provided with the express understanding that the confidentiality of such information will be safeguarded and the directors and executive officers to whom such information relates will be protected from any and all unwarranted invasions of personal privacy pursuant to all applicable provisions of law, including but not limited to, Revised Code of Washington Sections 42.56.070 and 42.56.230.

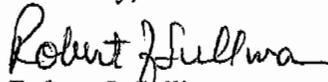
Office of the Insurance Commissioner

June 16, 2009

Page 3

Kindly mark the provided duplicate copy of this letter as "received" and return it to using the enclosed pre-addressed FedEx envelope. Thank you for your attention to this matter. Please contact us if you have any questions or require any additional information.

Sincerely,


Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



CO9200505192124

Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code



Ref # 01507000014H. Matthew Crusey
Invoice #
PO #
Dept #

SHIP TO: (360)725-7211 **BILL SENDER**
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Tumwater, WA 985014426

RELEASE#: 3785346

WED - 17JUN AA

TRK# 7912 3052 1910
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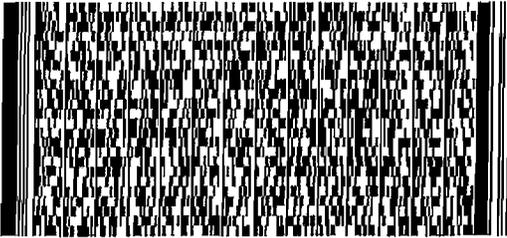
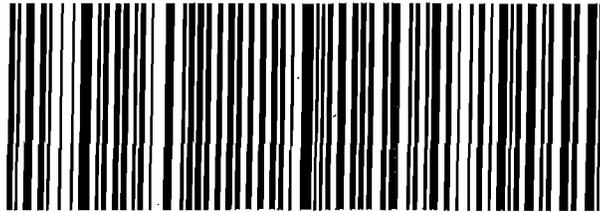
STANDARD OVERNIGHT

98501

WA-US

SEA

XH OLMA



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **Deanna P. Ricker (P. does not stand for a full name)**
2. a. Are you a citizen of the United States? **Yes**
b. Are you a citizen of any other country, if so, what country?
3. Affiant's Occupation or Profession. **Ophthalmologist**
4. Affiant's business address. **105 Chestnut Street, Needham, MA 02492**
Business telephone. **781-444-5122**
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Rutgers University	New Jersey	9/61 - 6/65	B.A.

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
U. Chicago	Chicago, IL	7/65- 7/66		Biophysics
Harvard Medical School	Boston, MA	9/66- 6/73		M.D.

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
New England Deaconess Hospital	Boston, MA	1973 - 1974	Internship (Medical)
Tufts New England Medical Center	Boston, MA	1974 - 1978	Residency (Ophthalmology)
Massachusetts Eye & Ear Infirmary	Boston, MA	1978 - 1979	Fellowship (Eye Pathology)
American Board of Ophthalmology		1980	Board Certification (Ophthalmology)

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American Academy of Ophthalmology		1101 Vermont Ave NW, #700 Washington, DC 20005	(202) 737-6662
New England Ophthalmologic Society		P.O. Box 9165 Boston, MA 02114	(617) 227-6484
Massachusetts Society of Eye Physicians and Surgeons		P.O. Box 236 Boston, MA 02133	(617) 426-2020
American Medical Association (AMA)		515 N. State Street Chicago, IL 60610	(800) 621-8335
Massachusetts Medical Society (MMS)		860 Winter Street Waltham Woods Corp. Ctr. Waltham, MA 02451	(800) 322-2303
Middlesex District Medical Society		145 Black Bear Drive # 2011 Waltham, MA 02451	(781) 209-1938
Boston Medical Library Trustee		10 Shattuck Street Boston, MA 02115	(617) 432-2175

7. Present or proposed position with the applicant entity. Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY) 1980 - present Employers' Name Solo Practitioner

Address 105 Chestnut Street City Needham State/Province MA

Country USA Postal Code 02492 Phone 781-444-5122 Offices/Positions Held _____

Supervisor / Contact Self-employed for the past 20 years

Beginning/Ending

Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending

Applicant Name (Company) Medical Professional Mutual Insurance Company NAIC No. 10206
 FEIN: 04-2595783
 Dates (MM/YY) _____ - _____ Employer's Name _____
 Address _____ City _____ State/Province _____
 Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
 Supervisor / Contact _____

Beginning/Ending
 Dates (MM/YY) _____ - _____ Employer's Name _____
 Address _____ City _____ State/Province _____
 Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
 Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond? NO If any claims were made on the bond, give details. _____

 b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License Commonwealth of MA, Board of Registration in Medicine Address 200 Harvard Mill Square, Suite 330

City Wakefield State/Province MA Country USA Postal Code 01880

License Type Medical License License # ██████ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
 a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of Jun 2009 at Promutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.


(Signature of Affiant)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June 2009 By Diana Ricker and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
19 86 - Present	[REDACTED]				

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 3rd day of June, 2009 at Promutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[REDACTED SIGNATURE]

(Signature of Affiant)

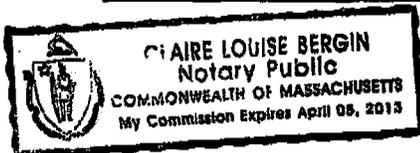
State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June 2009 By Deanna Ricker, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5 2013
My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS *(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, 101 Arch Street, Boston, MA, 02110, 800-225-6168.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Deanna R. Becker

[Redacted Signature]

(Signature)

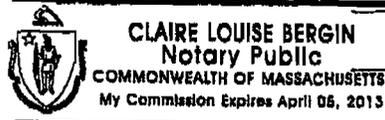
June 30th, 2009
(Date)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June 2009 By Deanna Becker, and

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5 2013
My Commission Expires

Question 8

Medical Practice

Solo Practitioner:*

Deanna P. Ricker, M.D., P.C., Needham, MA 1980-present

Hospitals:

Beth Israel-Deaconess (Needham); Newton Wellesley; St. Elizabeth's; Mt. Auburn

Officerships

- Massachusetts Society of Eye Physicians and Surgeons (MSEPS)
Executive Board (1981-present)
- American Medical Association (AMA)
OMSS Delegate (2003-present)
OMSS Reference Committee (2006)
- Massachusetts Medical Society (MMS)
Delegate (1995-present)
Alternate Trustee (2004-present), *Trustee (2008-present)*
Chair, Reference Committee (2003-2004; 2006-2007)
Co-Chair, Nominating Committee (2004-2007)
Assistant Secretary Treasurer (2008-June 2010)
- Middlesex District Medical Society
President (2001-2003)
Executive Board (2000-present)
- Boston Medical Library Trustee (2005-present)

* Contact to verify self-employment:

Dennis Doyle

Accountant

37 Water Street

Wakefield, MA 01880

T & F: 781-246-555 (1 or 2)

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

TEL: (212) 735-3000
FAX: (212) 735-2000
www.skadden.com

FIRM/AFFILIATE OFFICES

BOSTON
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WASHINGTON, D.C.
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BEIJING
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FRANKFURT
HONG KONG
LONDON
MOSCOW
MUNICH
PARIS
SINGAPORE
SYDNEY
TOKYO
TORONTO
VIENNA

RECEIVED

JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

Re: Form A Statement Regarding the Proposed Acquisition of
Control of Washington Casualty Company

Dear Mr. Pastuch,

On behalf of Medical Professional Mutual Insurance Company, a mutual medical liability insurance company domiciled in the Commonwealth of Massachusetts (the "Applicant"), enclosed please find one original and one copy of a Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer (the "Application") seeking the approval of the Insurance Commissioner of the State of Washington (the "Commissioner") pursuant to the requirements of 48.31B.015 of the Washington Insurance Code, for the proposed acquisition of control by the Applicant of Washington Casualty Company, a property and casualty insurance company domiciled in the State of Washington (the "Domestic Insurer"). In addition, we have enclosed a compact disc containing a copy of the Application in PDF format. The Domestic Insurer is a direct, wholly-owned subsidiary of FinCor Holdings, Inc., a Michigan company ("FinCor").

The Applicant proposes to acquire control of the Domestic Insurer pursuant to an Agreement and Plan of Merger by and among FinCor, Horizon Merger Corporation, a newly formed Michigan Corporation and a direct, wholly-owned subsidiary of the Applicant ("Merger Sub"), the Applicant and Holders Agent, Inc., a newly formed Michigan Corporation and a direct, wholly-owned

subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

The information contained in Exhibit J to the Application and in the "Supplemental Personal Information" portion of the biographical affidavits, which are attached to the Application as Exhibit K, is of a personal nature that is not otherwise available to the public and is being submitted to the Commissioner in confidence. Such information should be afforded confidential treatment and is being provided with the express understanding that the confidentiality of such information will be safeguarded and the directors and executive officers to whom such information relates will be protected from any and all unwarranted invasions of personal privacy pursuant to all applicable provisions of law, including but not limited to, Revised Code of Washington Sections 42.56.070 and 42.56.230.

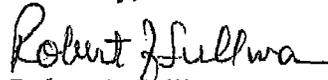
Office of the Insurance Commissioner

June 16, 2009

Page 3

Kindly mark the provided duplicate copy of this letter as "received" and return it to using the enclosed pre-addressed FedEx envelope. Thank you for your attention to this matter. Please contact us if you have any questions or require any additional information.

Sincerely,


Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code

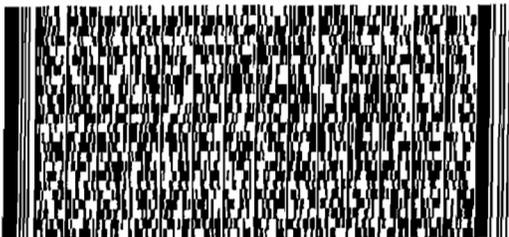


SHIP TO: (360)725-7211 **BILL SENDER**
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Tumwater, WA 985014426

Ref # 01507000014H. Matthew Crusey
Invoice #
PO #
Dept #

RELEASE#: 3785346

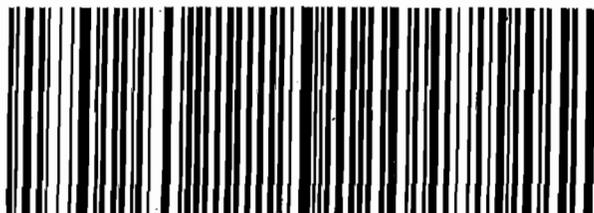


TRK# 7912 3052 1910
0201

WED - 17JUN AA
STANDARD OVERNIGHT

XH OLMA

98501
WA-US
SEA



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **Dwight Emmanuel Golann**
2. a. Are you a citizen of the United States? **YES**
b. Are you a citizen of any other country, if so, what country?
3. Affiant's Occupation or Profession. **Professor of Law**
4. Affiant's business address. **Suffolk Law School, 120 Tremont St., Boston, MA 02108**
Business telephone. **617-573-8183**
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Amherst College	Amherst, MA	1965-1969	BA

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	Harvard Law School	Cambridge, MA	1970-1973	JD

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) **Medical Professional Mutual Insurance Company**

NAIC No. **10206**

FEIN: **04-2595783**

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Boston Bar Association		16 Beacon St, Boston, MA 02108	617-778-2040
American Bar Association		PO Box 4745, Carol Stream, IL 60197-4745	1-800-285-2221

7. Present or proposed position with the applicant entity. **Director**

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. **See Attached List.**

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond? **NO** If any claims were made on the bond, give details. _____

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License Board of Bar Overseers Address 99 High St.

City Boston State/Province Commonwealth of MA Country USA Postal Code 02110

License Type Massachusetts Bar Membership License # 196720 Date Issued (MM/YY) 1973

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) (617) 728-8700

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country

regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? **NO**

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? **NO**

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? **NO**

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? **NO**

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. **NONE**

If any of the stock is pledged or hypothecated in any way, give details. **N/A**

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. **NO**

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of June 2009 at Pro Mutual I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Dwight Holana
(Signature of Affiant)

State of MA County of Suffolk

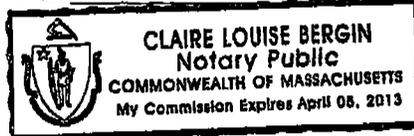
The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By

Dwight Holana and:

who is personally known to me, or

who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
1983 - present					

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 3rd day of June, 2009 at ProMutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

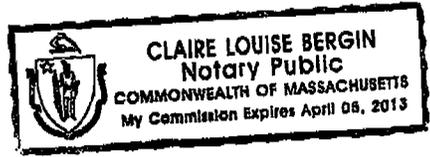
[Signature]
(Signature of Affiant)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By Philip McCarthy, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Applicant Name (Company) **Medical Professional Mutual Insurance Company**

NAIC No. **10206**

FEIN: **04-2595783**

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS *(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, 101 Arch Street, Boston, MA, 02110, 800-225-6168.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

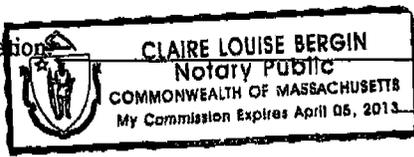
Dwight Emmanuel Golann, [REDACTED]
Dwight Golann (Signature) 6/3/19 (Date)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June 20 09 By *Dwight Golann* and

- who is personally known to me, or
- who produced the following identification

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Question 8

2005-2007	Medical Professional Mutual Insurance Co., 101 Arch St., Boston, MA 02110	Secretary
1999-2005	ProSelect National Insurance Company 2999 N. 44 th Street, Suite 250, Phoenix, AZ 85018	Vice Chairman
1999-2005	ProSelect Insurance Company 101 Arch Street, Boston, MA 02110	Vice Chairman
1999-2005	ProMutual Insurance Agency, 101 Arch Street, Boston, MA 02110	Vice Chairman
1999-2005	Promutual Group Inc., 101 Arch St., Boston, MA 02110	Vice Chairman
1999-2005	Medical Professional Mutual Insurance Co., 101 Arch St., Boston, MA 02110	Vice Chairman
1998-present	ProSelect National Insurance Company 2999 N. 44 th Street, Suite 250, Phoenix, AZ 85018	Director
1996-present	ProSelect Insurance Co., 101 Arch St., Boston, MA 02110	Director
1996-present	ProMutual Insurance Agency, 101 Arch Street, Boston, MA 02110	Director
1996-1999	ProSelect Insurance Co., 101 Arch St., Boston, MA 02110	Secretary
1995-present	ProMutual Group, Inc., 101 Arch St., Boston, MA 02110	Director
1986-present	Suffolk Law School, 120 Tremont St. Boston, MA 02108	Associate Professor (1986-89), Professor (1989-present)
1992-present & 1987-1991	Medical Professional Mutual Insurance Co. 101 Arch St., Boston, MA 02110	Director

1995-1999	Medical Professional Mutual Ins. Co., ProSelect Insurance Co., ProMutual Group, Inc., ProMutual Insurance Agency, 101 Arch St., Boston, MA 02110	Secretary
1992-1994	Tufts Managed Care Insurance Co., 333 Wyman Street PO Box 9112 Waltham, MA 02454	Director
1988-1991	Arbella Mutual Insurance Co Quincy, MA	Director
1977-1986 and (1991-1992)	Attorney General's Office of Massachusetts One Ashburton Place, Boston, MA 02108	Chief of Gov't Bureau(91-92), Chief of Consumer Prot. Div. (1982-86), Dep. Chief of Public Prot. Bureau (1980-82), Ass't Att. Gen. (1977-80)

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

TEL: (212) 735-3000
FAX: (212) 735-2000
www.skadden.com

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JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

Re: Form A Statement Regarding the Proposed Acquisition of
Control of Washington Casualty Company

Dear Mr. Pastuch,

On behalf of Medical Professional Mutual Insurance Company, a mutual medical liability insurance company domiciled in the Commonwealth of Massachusetts (the "Applicant"), enclosed please find one original and one copy of a Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer (the "Application") seeking the approval of the Insurance Commissioner of the State of Washington (the "Commissioner") pursuant to the requirements of 48.31B.015 of the Washington Insurance Code, for the proposed acquisition of control by the Applicant of Washington Casualty Company, a property and casualty insurance company domiciled in the State of Washington (the "Domestic Insurer"). In addition, we have enclosed a compact disc containing a copy of the Application in PDF format. The Domestic Insurer is a direct, wholly-owned subsidiary of FinCor Holdings, Inc., a Michigan company ("FinCor").

The Applicant proposes to acquire control of the Domestic Insurer pursuant to an Agreement and Plan of Merger by and among FinCor, Horizon Merger Corporation, a newly formed Michigan Corporation and a direct, wholly-owned subsidiary of the Applicant ("Merger Sub"), the Applicant and Holders Agent, Inc., a newly formed Michigan Corporation and a direct, wholly-owned

subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

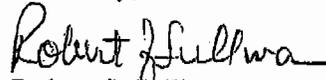
A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

The information contained in Exhibit J to the Application and in the "Supplemental Personal Information" portion of the biographical affidavits, which are attached to the Application as Exhibit K, is of a personal nature that is not otherwise available to the public and is being submitted to the Commissioner in confidence. Such information should be afforded confidential treatment and is being provided with the express understanding that the confidentiality of such information will be safeguarded and the directors and executive officers to whom such information relates will be protected from any and all unwarranted invasions of personal privacy pursuant to all applicable provisions of law, including but not limited to, Revised Code of Washington Sections 42.56.070 and 42.56.230.

Office of the Insurance Commissioner
June 16, 2009
Page 3

Kindly mark the provided duplicate copy of this letter as "received" and return it to using the enclosed pre-addressed FedEx envelope. Thank you for your attention to this matter. Please contact us if you have any questions or require any additional information.

Sincerely,


Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



Ship Date: 16JUN09
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CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code

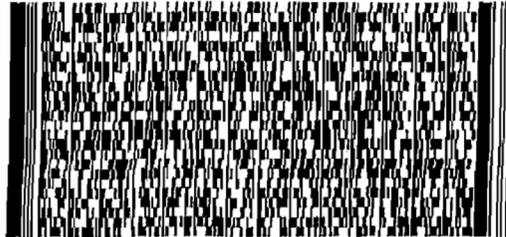


SHIP TO: (360)725-7211 **BILL SENDER**
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Ref# 01507000014H. Matthew Crusey
Invoice #
PO #
Dept #

Tumwater, WA 985014426

RELEASE#: 3785346

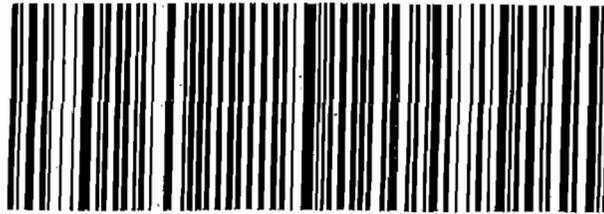


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FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **Erwin August Stuebner, Jr.**
2. a. Are you a citizen of the United States? **Yes**
b. Are you a citizen of any other country, if so, what country?
3. Affiant's Occupation or Profession. **Physician**
4. Affiant's business address. **VNA/Hospice of Northern Berkshire,**
535 Curran Memorial Drive, North Adams, MA 01247

Business telephone. **413-664-4536**

5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Dartmouth College	Hanover, NH	1962-1966	A.B
<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>
Northwestern Univ. Medical School	Chicago, IL	1966-1970	M.D.
<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
University of Michigan	Ann Arbor, MI	1970-1974	Internship & Residency

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American College of Physicians		190 N Independence Mall West Philadelphia, PA 19106-1572	800-523-1546, x2600
Berkshire District Medical Society		85 Post Office Park, Suite 851B, Wilbraham, MA 01095	(800) 522-3112 or (413) 596-9231
Massachusetts Medical Society		860 Winter Street Waltham Woods CorporateCenter Waltham, MA 02451-1411	(781) 893-4610, ext. 1504

7. Present or proposed position with the applicant entity. **Secretary**

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. See Attached List

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond? **NO** If any claims were made on the bond, give details. _____
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. **NO**

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License Board of Registration in Medicine Address 200 Harvard Mill Square, Suite 330

City Wakefield State/Province Commonwealth of MA Country USA Postal Code 01880

License Type Medical License License # 39560 Date Issued (MM/YY) 7/76

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country Postal Code _____

License Type License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? **NO**
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? **NO**
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? **NO**
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? **NO**
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? **NO**

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of JUNE 2009 at ProMutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Erwin Stuebner Jr.
(Signature of Affiant)

State of MA County of Suffolk

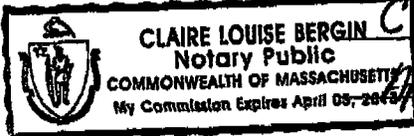
The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By

Erwin Stuebner Jr., and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires


Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
--------------------------------	----------------	-------------	----------------------------	----------------	--------------------

1976 - Present	[REDACTED]				

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 3rd day of June, 2009 at ProMutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

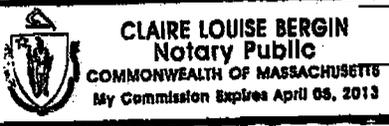
[Signature]
(Signature of Affiant)

State of MA County of Suffolk

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- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

	<u>Claire Louise Bergin</u> Notary Public
	<u>Claire Louise Bergin</u> Printed Notary Name
	<u>April 5, 2013</u> My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (All states except California, Minnesota and Oklahoma)

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Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Erwin August Staebner, Jr.

Erwin A. Staebner, Jr.
(Signature)

June 3, 2009
(Date)

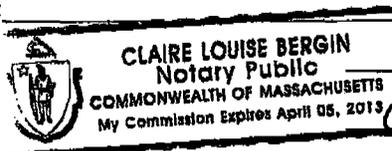
State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June 2009 By Erwin Staebner, and

who is personally known to me, or

who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public

Claire Louise Bergin
Printed Notary Name

April 5, 2013
My Commission Expires

Question 8

2007-present	VNA/Hospice of Northern Berkshire 535 Curran Memorial Drive North Adams, MA 01246	Physician
1996-present	ProSelect Insurance Company, 101 Arch St. Boston, MA 02110	Director
1995-present	Medical Professional Mutual Insurance Company 101 Arch Street, Boston, MA 02110	Director
1976-2007	Williamstown Medical Associates 197 Adams Road, Williamstown, MA 01267	Physician

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

TEL: (212) 735-3000
FAX: (212) 735-2000
www.skadden.com

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VIENNA

RECEIVED

JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

Re: Form A Statement Regarding the Proposed Acquisition of
Control of Washington Casualty Company

Dear Mr. Pastuch,

On behalf of Medical Professional Mutual Insurance Company, a mutual medical liability insurance company domiciled in the Commonwealth of Massachusetts (the "Applicant"), enclosed please find one original and one copy of a Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer (the "Application") seeking the approval of the Insurance Commissioner of the State of Washington (the "Commissioner") pursuant to the requirements of 48.31B.015 of the Washington Insurance Code, for the proposed acquisition of control by the Applicant of Washington Casualty Company, a property and casualty insurance company domiciled in the State of Washington (the "Domestic Insurer"). In addition, we have enclosed a compact disc containing a copy of the Application in PDF format. The Domestic Insurer is a direct, wholly-owned subsidiary of FinCor Holdings, Inc., a Michigan company ("FinCor").

The Applicant proposes to acquire control of the Domestic Insurer pursuant to an Agreement and Plan of Merger by and among FinCor, Horizon Merger Corporation, a newly formed Michigan Corporation and a direct, wholly-owned subsidiary of the Applicant ("Merger Sub"), the Applicant and Holders Agent, Inc., a newly formed Michigan Corporation and a direct, wholly-owned

subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

The information contained in Exhibit J to the Application and in the "Supplemental Personal Information" portion of the biographical affidavits, which are attached to the Application as Exhibit K, is of a personal nature that is not otherwise available to the public and is being submitted to the Commissioner in confidence. Such information should be afforded confidential treatment and is being provided with the express understanding that the confidentiality of such information will be safeguarded and the directors and executive officers to whom such information relates will be protected from any and all unwarranted invasions of personal privacy pursuant to all applicable provisions of law, including but not limited to, Revised Code of Washington Sections 42.56.070 and 42.56.230.

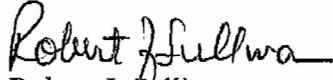
Office of the Insurance Commissioner

June 16, 2009

Page 3

Kindly mark the provided duplicate copy of this letter as "received" and return it to using the enclosed pre-addressed FedEx envelope. Thank you for your attention to this matter. Please contact us if you have any questions or require any additional information.

Sincerely,



Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher&FlomLLP
4 Times Square
24th Floor
New York, NY 10036

FedEx
Express



079200803192124

Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code



Ref # 01507000014H. Matthew Crusey
Invoice #
PO #
Dept #

SHIP TO: (360)725-7211 **BILL SENDER**

Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

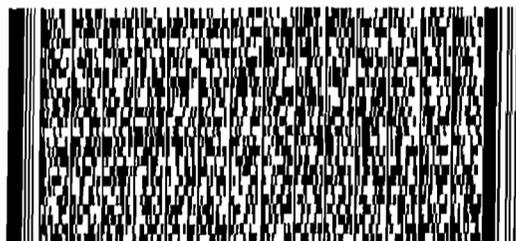
Tumwater, WA 985014426

RELEASE#: 3785346

WED - 17JUN AA

STANDARD OVERNIGHT

TRK# 7912 3052 1910
0201

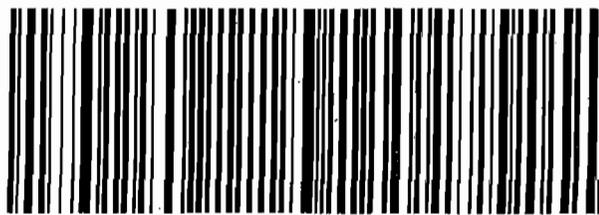


98501

WA-US

SEA

XH OLMA



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

**Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129**

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **Gregg Lee Hanson**
2. a. Are you a citizen of the United States? **Yes**
b. Are you a citizen of any other country, if so, what country?
3. Affiant's Occupation or Profession. **Chief Operating Officer**
4. Affiant's business address. **101 Arch Street, Boston, MA 02110**

Business telephone. **617-526-0219**

5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of North Dakota	Grand Forks, ND	9/72 -- 5/75	BS

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
N/A				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
N/A			

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>NONE</u>			

7. Present or proposed position with the applicant entity. **Chief Operating Officer**

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY) 9/00 - present Employers' Name Medical Professional Mutual Insurance Company

Address 101 Arch St City Boston State/Province MA

Country USA Postal Code 02110 Phone 617-526-0219 Offices/Positions Held Sr VP Underwriting

Supervisor / Contact

Beginning/Ending

Dates (MM/YY) 7/98 - 9/00 Employer' Name ProNational Insurance Company, Inc.

Address 2600 Professionals Dr City Okemos State/Province MI

Country USA Postal Code 48864 Phone Offices/Positions Held Sr VP Underwriting & Operations

Supervisor / Contact

Beginning/Ending

Dates (MM/YY) 1/95 - 7/98 Employers' Name Physician's Protective Trust Fund

Address 2121 Ponce de Leon Blvd #350 City Coral Gables State/Province FL

Country USA Postal Code 33114 Phone Offices/Positions Held Director of Underwriting

Supervisor / Contact

Beginning/Ending

Dates (MM/YY) 7/75 - 1/95 Employers' Name St. Paul Companies

Address 385 Washington St City St Paul State/Province MN

Country USA Postal Code 55102 Phone Offices/Positions Held Underwriting Trainee, Marketing Rep, Underwriting Manager, Marketing Manager, Branch Manager, General Manager, VP and Director of St Paul-IL

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

9. a. Have you ever been in a position which required a fidelity bond? NO If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient Also See Attached List

Organization/Issuer of License Division of Agent and Agent Services Address 200 East Gaines St.

City Tallahassee State/Province FL Country USA Postal Code 32399

License Type _____ License # _____ Date Issued (MM/YY) 06/97

Date Expired (MM/YY) 09/00 Reason for Termination Left the State

Non-insurance Regulatory Phone Number (if known) (850) 413-3137

Organization /Issuer of License Office of Financial and Insurance Services Address PO Box 30220

City Lansing State/Province MI Country USA Postal Code 48909

License Type _____ License # _____ Date Issued (MM/YY) 1978

Date Expired (MM/YY) 1981 Reason for Termination Left the State

Non-insurance Regulatory Phone Number (if known)

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.
N/A

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

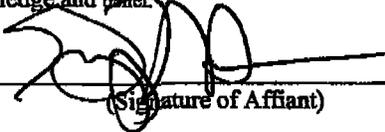
a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this eight day of June 2009 at Boston, MA I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.


(Signature of Affiant)

State of Massachusetts County of Suffolk

The foregoing instrument was acknowledged before me this 8th day of June, 2009 By

Gregg L. Hanson, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Kathleen R Kent
Notary Public
Kathleen R Kent
Printed Notary Name
10-9-09
My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

1. Affiant's Full Name (Initials Not Acceptable). **Gregg Lee Hanson**
2. Have you ever used any other name including nickname, maiden name or aliases? NO If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number [REDACTED]
4. Government Identification Number if not a U.S. Citizen _____
5. Foreign Student ID# (if applicable) _____
6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City **Bismarck**
State/Province **ND** Country **USA**
7. Name of Affiant's Spouse (if applicable) **Deborah Hanson**

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
9/00 – present	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1/95-9/00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this eight day of June, 2009 at Boston, MA I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]

(Signature of Affiant)

State of Massachusetts County of Suffolk

The foregoing instrument was acknowledged before me this 8th day of June 2009 By

Gregg L Hanson and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Kathleen Rient

Notary Public
Kathleen Rient

Printed Notary Name
10-9-09

My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*All states except California, Minnesota and Oklahoma*)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, 101 Arch Street, Boston, MA, 02110, 800-225-6168.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Gregg Lee Hanson, [REDACTED]
 (Signature) June 8, 2009 (Date)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 8th day of June 20 09 By Gregg L Hanson and

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Katleen E Kent
Notary Public
Katleen E Kent
Printed Notary Name
10-9-09
My Commission Expires

Question 10

Organization/Issuer of License: Vermont Department of Banking, Insurance, Securities and Health Care Administration

State/Province: VT Country: USA

License Type: Non-Res Producer Individual

License # 337194

Date Issued (MM/YY): 06/06

Date Expired (MM/YY): current

Organization /Issuer of License: State of Rhode Island and Providence Plantations Department of Business Regulation Insurance Division

State/Province: RI Country: USA

License Type: Insurance Provider

License # 2030938

Date Issued (MM/YY):

Date Expired (MM/YY): current

Organization /Issuer of License: Pennsylvania Insurance Department

State/Province: PA Country: USA

License Type: Non-Resident Producer Ind.

License # 475972

Date Issued (MM/YY):

Date Expired (MM/YY): current

Organization /Issuer of License: State of New Jersey Department of Banking and Insurance

State/Province: NJ Country: USA

License Type: Producer

License # 1071241

Date Issued (MM/YY): 06/06

Date Expired (MM/YY): current

Organization /Issuer of License: State of New Hampshire Insurance Department

State/Province: NH Country: USA

License Type: Producer

License # 2004490

Date Issued (MM/YY): 11/07

Date Expired (MM/YY): current

Organization /Issuer of License: State of Maine Department of Professional and Financial Regulation

State/Province: ME Country: USA

License Type: Producer NonResident

License # PRN128294

Date Issued (MM/YY): 06/06

Date Expired (MM/YY): current

Organization /Issuer of License: State of Connecticut Insurance Department

State/Province: CT Country: USA

License Type: Producer- Property, Casualty

License # 002262616

Date Issued (MM/YY): 07/06

Date Expired (MM/YY): current

Organization /Issuer of License: The Commonwealth of Massachusetts- Office of Consumer Affairs and Business Regulation Division of Insurance

State/Province: MA Country: USA

License Type: Producer

License # 1816019

Date Issued (MM/YY): 12/05

Date Expired (MM/YY): current

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

TEL: (212) 735-3000
FAX: (212) 735-2000
www.skadden.com

FIRM/AFFILIATE OFFICES

BOSTON
CHICAGO
HOUSTON
LOS ANGELES
PALO ALTO
SAN FRANCISCO
WASHINGTON, D.C.
WILMINGTON
BEIJING
BRUSSELS
FRANKFURT
HONG KONG
LONDON
MOSCOW
MUNICH
PARIS
SINGAPORE
SYDNEY
TOKYO
TORONTO
VIENNA

RECEIVED

JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

Re: Form A Statement Regarding the Proposed Acquisition of
Control of Washington Casualty Company

Dear Mr. Pastuch,

On behalf of Medical Professional Mutual Insurance Company, a mutual medical liability insurance company domiciled in the Commonwealth of Massachusetts (the "Applicant"), enclosed please find one original and one copy of a Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer (the "Application") seeking the approval of the Insurance Commissioner of the State of Washington (the "Commissioner") pursuant to the requirements of 48.31B.015 of the Washington Insurance Code, for the proposed acquisition of control by the Applicant of Washington Casualty Company, a property and casualty insurance company domiciled in the State of Washington (the "Domestic Insurer"). In addition, we have enclosed a compact disc containing a copy of the Application in PDF format. The Domestic Insurer is a direct, wholly-owned subsidiary of FinCor Holdings, Inc., a Michigan company ("FinCor").

The Applicant proposes to acquire control of the Domestic Insurer pursuant to an Agreement and Plan of Merger by and among FinCor, Horizon Merger Corporation, a newly formed Michigan Corporation and a direct, wholly-owned subsidiary of the Applicant ("Merger Sub"), the Applicant and Holders Agent, Inc., a newly formed Michigan Corporation and a direct, wholly-owned

subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

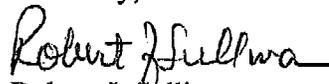
A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

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Office of the Insurance Commissioner
June 16, 2009
Page 3

Kindly mark the provided duplicate copy of this letter as "received" and return it to using the enclosed pre-addressed FedEx envelope. Thank you for your attention to this matter. Please contact us if you have any questions or require any additional information.

Sincerely,


Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code

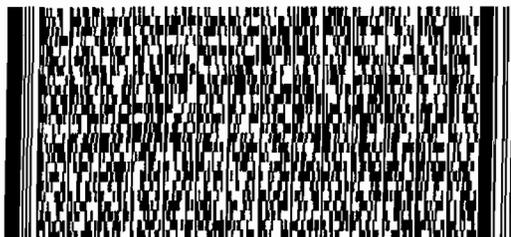


SHIP TO: (360)725-7211 **BILL SENDER**
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Tumwater, WA 985014426

Ref # 01507000014H. Matthew Crusey
Invoice #
PO #
Dept #

RELEASE#: 3785346

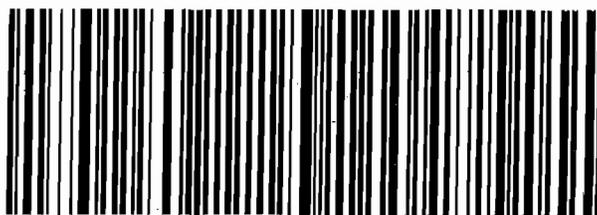


TRK# 7912 3052 1910
0201

WED - 17JUN AA
STANDARD OVERNIGHT

XH OLMA

98501
WA-US
SEA



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

- 1. Affiant's Full Name (Initials Not Acceptable). **Janice Wilson Allegretto**
- 2. a. Are you a citizen of the United States? **Yes**
b. Are you a citizen of any other country, if so, what country?
- 3. Affiant's Occupation or Profession. **Attorney**
- 4. Affiant's business address. **101 Arch Street, Boston, MA, 02110**

Business telephone. **617-428-9833**

5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Brandeis University	Waltham, MA	9/79 - 6/83	BA
<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>
	Suffolk University	Boston, MA	1984-1987
<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>American Bar Association</u>		<u>PO Box 4745, Carol Stream, IL 60197-4745</u>	<u>1-800-285-2221</u>
<u>MA Bar Association</u>		<u>20 West St, Boston, MA 02111-1204</u>	<u>617-338-0530</u>
<u>Boston Bar Association</u>		<u>16 Beacon St, Boston, MA 02108</u>	<u>617-778-2040</u>
<u>American Corporate Counsel Association</u>		<u>PO Box 791044, Baltimore, MD, 21279-1044</u>	<u>202-293-4103</u>

7. Present or proposed position with the applicant entity. Assistant Secretary

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. See below & Attached List

Beginning/Ending

Dates 11/97-Present Employers' Name Medical Professional Mutual Insurance Company

Address 101 Arch Street City Boston State/Province MA

Country USA Postal Code 02110 Phone 800-225-6168 Offices/Positions Held Asst. Secretary, Vice President & General Counsel (4/00-present); Counsel, Asst. Secretary (1/99-4/00); Assoc. Counsel (11/97-12/98)

Supervisor / Contact Richard W. Brewer

Beginning/Ending

Dates 3/95 - 10/97 Employer's Name Massachusetts Division of Insurance

Address One South Station City Boston State/Province MA

Country USA Postal Code 02111 Phone _____ Offices/Positions Held Chief Enforcement Counsel and Special Hearing Officer

Supervisor / Contact Daniel R. Judson, Esq., Deputy General Counsel

Beginning/Ending

Dates(MM/YY) 3/94-2/95 Employers' Name Law Offices of Janet B. Fierman

Address 6 Beacon St City Boston State/Province MA

Country USA Postal Code _____ Phone _____ Offices/Positions Held Litigation Associate

Supervisor / Contact Janet Fierman

Applicant Name (Company) Medical Professional Mutual Insurance Company NAIC No. 10206
FEIN: 04-2595783

Beginning/Ending
Dates (MM/YY) 9/91-8/93 Employers' Name Ricklefs & Giordano, PC

Address 1 Washington Mall City Boston State/Province MA

Country _____ Postal Code _____ Phone _____ Offices/Positions Held Litigation Associate

Supervisor / Contact Philip J. Giordano, Esq.

9. a. Have you ever been in a position which required a fidelity bond? NO If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License Board of Bar Overseers Address PO Box 55863

City Boston State/Province MA Country USA Postal Code 02205

License Type Legal License # 550281 Date Issued (MM/YY) 12/87

Date Expired (MM/YY) current Reason for Termination n/a

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 9th day of June 2009 at Promutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Jamie W. Allegretto
(Signature of Affiant)

State of MA County of Suffolk

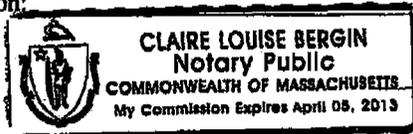
The foregoing instrument was acknowledged before me this 9th day of June, 2009 By

Jamie Allegretto, and:

who is personally known to me, or

who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public

Claire Louise Bergin
Printed Notary Name

April 5 2013
My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

- Affiant's Full Name (Initials Not Acceptable). **Janice Wilson Allegretto**
- Have you ever used any other name including nickname, maiden name or aliases? YES If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
<u>4/12/61 - 11/27/99</u>	<u>Janice Marie Wilson</u>	<u>Maiden name before marriage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- Affiant's Social Security Number
- Government Identification Number if not a U.S. Citizen _____
- Foreign Student ID# (if applicable) _____
- Date of Birth: (MM/DD/YY) Place of Birth: City Newton
State/Province MA Country USA
- Name of Affiant's Spouse (if applicable) Richard Allegretto

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates</u> (MM/YY)	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
2004-Present	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4/99-2004	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 9th day of June, 2009 at Pro Mutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Jeanie Allegretto
(Signature of Affiant)

State of MA County of Suffolk

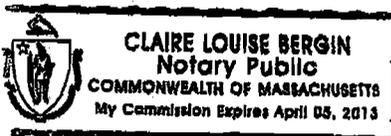
The foregoing instrument was acknowledged before me this 9th day of June, 2009 By

Jeanie Allegretto and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5 2013
My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, 101 Arch Street, Boston, MA, 02110, 800-225-6168.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Janice Wilson Allegretto, [Redacted]

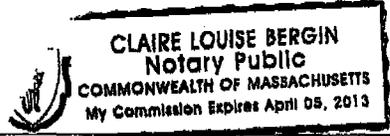
Janice W. Allegretto
(Signature)

June 9, 2009
(Date)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 9th day of June 2009 By Janice Allegretto and

- who is personally known to me, or
- who produced the following identification:



[SEAL]

Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5 2013
My Commission Expires

Question 8

DATE	EMPLOYMENT	TITLE
9/87-8/91	Plymouth County District Attorney Office Belmont St., Brockton, MA	Asst. Dist. Attorney

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

TEL: (212) 735-3000
FAX: (212) 735-2000
www.skadden.com

FIRM/AFFILIATE OFFICES

BOSTON
CHICAGO
HOUSTON
LOS ANGELES
PALO ALTO
SAN FRANCISCO
WASHINGTON, D.C.
WILMINGTON

BEIJING
BRUSSELS
FRANKFURT
HONG KONG
LONDON
MOSCOW
MUNICH
PARIS
SINGAPORE
SYDNEY
TOKYO
TORONTO
VIENNA

RECEIVED

JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

Re: Form A Statement Regarding the Proposed Acquisition of
Control of Washington Casualty Company

Dear Mr. Pastuch,

On behalf of Medical Professional Mutual Insurance Company, a mutual medical liability insurance company domiciled in the Commonwealth of Massachusetts (the "Applicant"), enclosed please find one original and one copy of a Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer (the "Application") seeking the approval of the Insurance Commissioner of the State of Washington (the "Commissioner") pursuant to the requirements of 48.31B.015 of the Washington Insurance Code, for the proposed acquisition of control by the Applicant of Washington Casualty Company, a property and casualty insurance company domiciled in the State of Washington (the "Domestic Insurer"). In addition, we have enclosed a compact disc containing a copy of the Application in PDF format. The Domestic Insurer is a direct, wholly-owned subsidiary of FinCor Holdings, Inc., a Michigan company ("FinCor").

The Applicant proposes to acquire control of the Domestic Insurer pursuant to an Agreement and Plan of Merger by and among FinCor, Horizon Merger Corporation, a newly formed Michigan Corporation and a direct, wholly-owned subsidiary of the Applicant ("Merger Sub"), the Applicant and Holders Agent, Inc., a newly formed Michigan Corporation and a direct, wholly-owned

subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

The information contained in Exhibit J to the Application and in the "Supplemental Personal Information" portion of the biographical affidavits, which are attached to the Application as Exhibit K, is of a personal nature that is not otherwise available to the public and is being submitted to the Commissioner in confidence. Such information should be afforded confidential treatment and is being provided with the express understanding that the confidentiality of such information will be safeguarded and the directors and executive officers to whom such information relates will be protected from any and all unwarranted invasions of personal privacy pursuant to all applicable provisions of law, including but not limited to, Revised Code of Washington Sections 42.56.070 and 42.56.230.

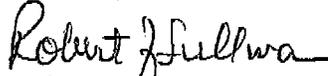
Office of the Insurance Commissioner

June 16, 2009

Page 3

Kindly mark the provided duplicate copy of this letter as "received" and return it to using the enclosed pre-addressed FedEx envelope. Thank you for your attention to this matter. Please contact us if you have any questions or require any additional information.

Sincerely,


Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code

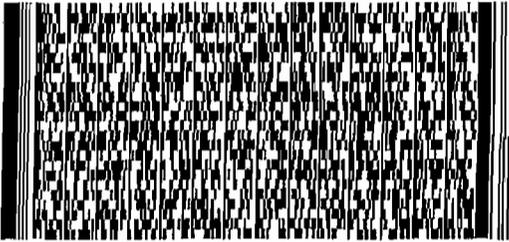


Ref # 01507000014H. Matthew Crusey
Invoice #
PO #
Dept #

SHIP TO: (360)725-7211 **BILL SENDER**
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Tumwater, WA 985014426

RELEASE#: 3785346

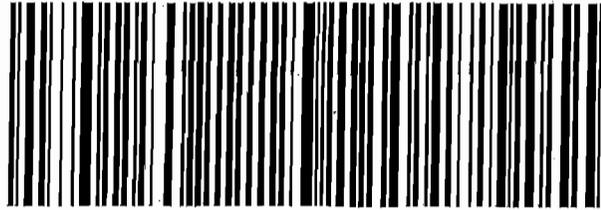


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STANDARD OVERNIGHT

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SEA



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

**Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129**

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **John Joseph Donehue**
2. a. Are you a citizen of the United States? **Yes**
 b. Are you a citizen of any other country, if so, what country?
3. Affiant's Occupation or Profession. **Sr. VP, Chief Financial Officer, and Treasurer**
4. Affiant's business address. **101 Arch Street, Boston, MA 02110**
 Business telephone. **617-526-0251**
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Northeastern University	Boston, MA	9/65 - 9/70	BS BA

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
N/A				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
N/A			

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>NONE</u>			

7. Present or proposed position with the applicant entity. Senior VP, Chief Financial Officer, and Treasurer

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY) 1/89 - Present Employers' Name ProMutual Group

Address 101 Arch St City Boston State/Province MA

Country USA Postal Code 02110 Phone 617-526-0251 Offices/Positions Held Sr VP, CFO & Treasurer

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 4/81 - 1/89 Employer' Name Commercial Union Insurance Company

Address 1 Beacon St City Boston State/Province MA

Country USA Postal Code _____ Phone _____ Offices/Positions Held Deputy Controller/Assistant Treasurer

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

9. a. Have you ever been in a position which required a fidelity bond? NO If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License NONE Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 11th day of June 2009 at Pro Mutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of Massachusetts County of Suffolk

The foregoing instrument was acknowledged before me this 11th day of June, 2009 By

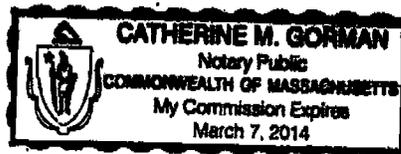
[Signature], and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

[Signature]
Notary Public



Printed Notary Name

My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

1. Affiant's Full Name (Initials Not Acceptable). **John Joseph Donehue**
2. Have you ever used any other name including nickname, maiden name or aliases? NO If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number [REDACTED]
4. Government Identification Number if not a U.S. Citizen _____
5. Foreign Student ID# (if applicable) _____
6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City **Boston**
State/Province **MA** Country **USA**
7. Name of Affiant's Spouse (if applicable) **Juliana Donehue**

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
1984-Present	[REDACTED]				

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 11th day of June, 2009 at Pro Mutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of Massachusetts County of Suffolk

The foregoing instrument was acknowledged before me this 11th day of June, 2009 By

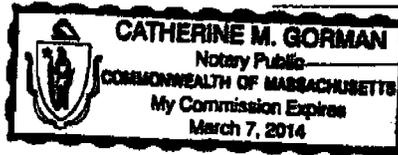
John Donohue, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

[Signature]
Notary Public



Printed Notary Name

My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS *(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, 101 Arch Street, Boston, MA, 02110, 800-225-6168.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

John Joseph Donehue,

[Signature]
(Signature)

6/11/2009
(Date)

State of MA County of Suffolk

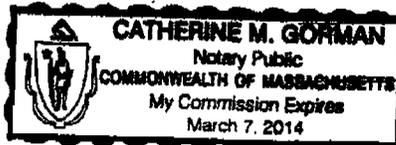
The foregoing instrument was acknowledged before me this 11th day of June 2009 By John Donehue and

who is personally known to me, or

who produced the following identification: _____

Catherine M. Gorman
Notary Public

[SEAL]



Printed Notary Name

My Commission Expires

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

TEL: (212) 735-3000
FAX: (212) 735-2000
www.skadden.com

FIRM/AFFILIATE OFFICES

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WILMINGTON

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HONG KONG
LONDON
MOSCOW
MUNICH
PARIS
SINGAPORE
SYDNEY
TOKYO
TORONTO
VIENNA

RECEIVED

JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

Re: Form A Statement Regarding the Proposed Acquisition of
Control of Washington Casualty Company

Dear Mr. Pastuch,

On behalf of Medical Professional Mutual Insurance Company, a mutual medical liability insurance company domiciled in the Commonwealth of Massachusetts (the "Applicant"), enclosed please find one original and one copy of a Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer (the "Application") seeking the approval of the Insurance Commissioner of the State of Washington (the "Commissioner") pursuant to the requirements of 48.31B.015 of the Washington Insurance Code, for the proposed acquisition of control by the Applicant of Washington Casualty Company, a property and casualty insurance company domiciled in the State of Washington (the "Domestic Insurer"). In addition, we have enclosed a compact disc containing a copy of the Application in PDF format. The Domestic Insurer is a direct, wholly-owned subsidiary of FinCor Holdings, Inc., a Michigan company ("FinCor").

The Applicant proposes to acquire control of the Domestic Insurer pursuant to an Agreement and Plan of Merger by and among FinCor, Horizon Merger Corporation, a newly formed Michigan Corporation and a direct, wholly-owned subsidiary of the Applicant ("Merger Sub"), the Applicant and Holders Agent, Inc., a newly formed Michigan Corporation and a direct, wholly-owned

subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

The information contained in Exhibit J to the Application and in the "Supplemental Personal Information" portion of the biographical affidavits, which are attached to the Application as Exhibit K, is of a personal nature that is not otherwise available to the public and is being submitted to the Commissioner in confidence. Such information should be afforded confidential treatment and is being provided with the express understanding that the confidentiality of such information will be safeguarded and the directors and executive officers to whom such information relates will be protected from any and all unwarranted invasions of personal privacy pursuant to all applicable provisions of law, including but not limited to, Revised Code of Washington Sections 42.56.070 and 42.56.230.

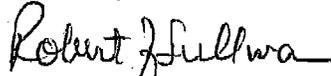
Office of the Insurance Commissioner

June 16, 2009

Page 3

Kindly mark the provided duplicate copy of this letter as "received" and return it to using the enclosed pre-addressed FedEx envelope. Thank you for your attention to this matter. Please contact us if you have any questions or require any additional information.

Sincerely,


Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code

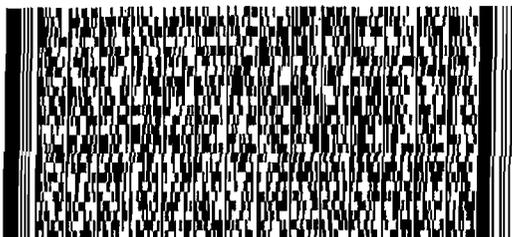


Ref # 01507000014H. Matthew Crusey
Invoice #
PO #
Dept #

SHIP TO: (360)725-7211 **BILL SENDER**
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Tumwater, WA 985014426

RELEASE#: 3785346

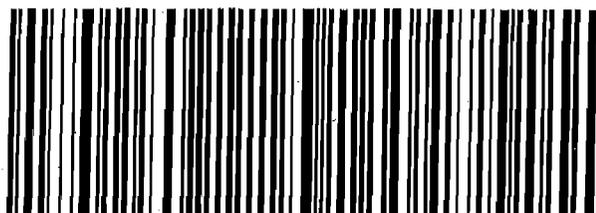


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WA-US
SEA



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **Kenneth Avery Heisler**
2. a. Are you a citizen of the United States? **Yes**
b. Are you a citizen of any other country, if so, what country?
3. Affiant's Occupation or Profession. **Surgeon**
4. Affiant's business address. **78 Main Street, Falmouth, MA 02540**

Business telephone. **508-548-8317**
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Columbia University	New York, NY	1967-1971	BA

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Columbia Univ. College of Physicians & Surgeons	New York, NY	1971-1975		MD

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Columbia Univ., Dept. of Surgery	New York, NY	1975-1980	Clinical Fellow

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>American Medical Assoc.</u>		<u>515 North State St, Chicago IL, 60610</u>	<u>800-621-8335</u>
<u>Massachusetts Medical Society</u>		<u>860 Winter ST, Waltham Woods Corporate Center, Waltham, MA 02451</u>	<u>781-893-4610</u>
<u>American College of Surgeons</u>		<u>633 North St. Clair St, Chicago, IL 60611</u>	<u>312-202-5000</u>
<u>American Society of General Surgeons</u>		<u>PO box 4834, Englewood, Co 80155</u>	<u>303-771-5948</u>

7. Present or proposed position with the applicant entity. **Chairman of the Board**

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. **See Attached List**

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond? **NO** If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. **NO**

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License State of NY Medical Board Address Cultural Education Ctr., Room 3023, Empire State Plaza

City Albany State/Province NY Country USA Postal Code 12230

License Type Medical License License # 127406 Date Issued (MM/YY) 1976-Present

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) (518) 474-3841

Organization /Issuer of License Commonwealth of MA, Board of Registration in Medicine Address _____

City _____ State/Province MA Country USA Postal Code _____

License Type Medical License License # 45802 Date Issued (MM/YY) 1980-Present

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? **NO**

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? **NO**

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? **NO**

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? **NO**

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? **NO**

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? Yes. See attached.
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of June 2009 at ProMutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.



(Signature of Affiant)

State of MA County of Suffolk

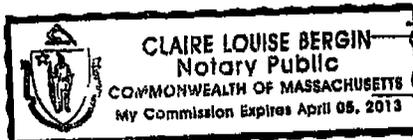
The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By

Kenneth Heister, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public

Claire Louise Bergin
Printed Notary Name

April 5, 2013
My Commission Expires

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

1. Affiant's Full Name (Initials Not Acceptable). Kenneth Avery Heisler
2. Have you ever used any other name including nickname, maiden name or aliases? NO If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number ██████████
4. Government Identification Number if not a U.S. Citizen _____
5. Foreign Student ID# (if applicable) _____
6. Date of Birth: (MM/DD/YY) ██████████ Place of Birth: City New York
State/Province New York Country USA
7. Name of Affiant's Spouse (if applicable) Kristen Heisler

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
1981 - Present	[REDACTED]				

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 3rd day of June, 2009 at Pro Mutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

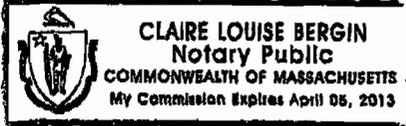
State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By Kenneth Hebler, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS *(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, 101 Arch Street, Boston, MA, 02110, 800-225-6168.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Kenneth Avery Heisler, [REDACTED]

[Signature]

(Signature)

June 3, 2009

(Date)

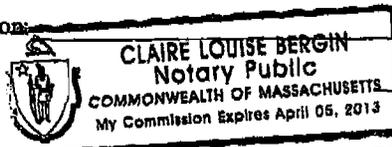
State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June 20 09 By Kenneth Heisler, and

who is personally known to me, or

who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public

Claire Louise Bergin
Printed Notary Name

April 5, 2013
My Commission Expires

Question 8

2007-Present	Medical Professional Mutual Insurance Company, 101 Arch Street, Boston, MA 02110	Chairman
2007-Present	ProMutual Solutions Insurance Company Brattleboro, VT 05301	Chairman
2005-2007	Medical Professional Mutual Insurance Company, 101 Arch Street, Boston MA, 02110	Vice-Chairman
2002-2005	Medical Professional Mutual Insurance Company, ProSelect Insurance Company, ProMutual Group, Inc. ProMutual Insurance Agency, Inc., 101 Arch Street, Boston, MA 02110	Secretary
1998-present	ProSelect National Insurance Company, Inc., 2999 North 44 th Street, Ste. 250, Phoenix, AZ 85018	Director
1996-present	ProSelect Insurance Co., 101 Arch Street, Boston, MA 02110	Director
1996-present	ProMutual Insurance Agency, 101 Arch Street, Boston, MA 02110	Director
1995-present	ProMutual Group, Inc., 101 Arch Street, Boston, MA 02110	Director
1995-present	Medical Professional Mutual Insurance Co., 101 Arch Street, Boston, MA 02110	Director
1980-present	Self, 78 Main Street, Falmouth, MA 02540	Surgeon*

* Contact to verify self-employment:

Eric Hall, C.P.A.
c/o R.A. Hall & Co. LLC
183 State Street
Boston, MA 02109
(617) 723-3333

COMMONWEALTH OF MASSACHUSETTS

Barnstable, ss.

Superior Court
Case No. 99-292

TIMOTHY P. DONOVAN, et al,
Plaintiffs

vs.

ALAN CORDTS, et al,
Defendants

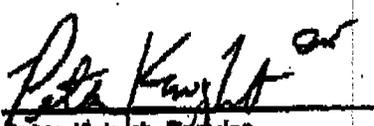
STIPULATION OF DISMISSAL

The parties in the above-captioned case hereby stipulate to dismiss this case pursuant to MRCP Rule 41 (a)(1)(II), with prejudice and without costs to any party.

The Plaintiff,
By Their Attorney,

Kenneth Heisler, MD
By His Attorneys,


Shaun M. Eills, Esquire
PO Box 1048
Sandwich, MA 02563
Sandwich, MA 02563


Peter Knight, Esquire
James A. Bello, Esquire
250 Summer Street
Boston, MA 02110

September 2, 1999

FORM R

Commonwealth of Massachusetts Board of Registration in Medicine
 Ten West Street, 3rd Floor, Boston, Massachusetts 02111
 Physician Registration Renewal Form R

Additional Information Related to QUESTIONS 14, 15 and 16. If you answered "YES" to any of these questions, provide the following information where applicable, even if you have previously provided some or all of this information to the Board. Attach additional sheets (with same format) where necessary.

Physician Name: KENNETH A. HEISLER, M.D. Registration No.: 45802

Insurer (at the time of incident): PRO MUTUAL Policy No.: MM7025

Patient Name: TIMOTHY DONOVAN

Incident Date: 12/16/97 to 01/21/98

Description of Alleged Basis(es) of Claim (Note: This does not constitute an admission of fault or liability. See Table 5.)

Basis Code: I 9 4 Basis Code: Basis Code: Basis Code: Basis Code:

Narrative: ALLEGED DELAYED WOUND HEALING AFTER ABDOMINAL SURGERY. DR. HEISLER
NAMED AS ASSISTANT AT SURGERY ON 12/16/97 AND ON 01/21/98 (MISTAKEN IDENTITY).
SUIT FILED 05/03/99 FOR ALL DEFENDANTS
ON 07/07/99 CASE DISMISSED WITH PREJUDICE AGAINST PLAINTIFF

Incident Location (circle one):

- | | | | |
|-----------------------------|---|-----------------|-----------------------|
| 01. Emergency Room | 05 Outpatient | 09 HMO | 12 Physician's Office |
| 02 Labor/Delivery | 06 Patient Room | 10 Clinic | 13 Walk-in Center |
| 03 Laboratory/X-Ray/Testing | 16 ICU | 11 Nursing Home | 14 Other: <u> </u> |
| 04 Operating Room | <input checked="" type="radio"/> Hospital - other | | |

Your Role (circle one):

- | | | | |
|----------------------------|-------------------------------|----------|--|
| 04. Attending Physician | 03 Referring Physician | 14 PGY 1 | 07 Fellow |
| 02. Primary Care Physician | 01 Anesthesiologist | 13 PGY 2 | 23 Admin/Supervisor |
| 06 Surgeon | 26 On-Call Physician | 12 PGY 3 | <input checked="" type="radio"/> Other: <u>ALLEGED ASSISTANT</u> |
| 05 Consultant Specialist | 24 Group Practitioner/Partner | 11 PGY 4 | <u>AT SURGERY</u> |

If court action was filed, fill out the following:

Venue (circle one):

- | | | | | | | | |
|---|------------|-------------|--------------|--------------|-------------|--------------|-----------------|
| <input checked="" type="radio"/> Barnstable | 03 Bristol | 05 Essex | 07 Hampden | 09 Middlesex | 11 Norfolk | 13 Suffolk | 50 Federal |
| 02 Berkshire | 04 Dukes | 06 Franklin | 08 Hampshire | 10 Nantucket | 12 Plymouth | 14 Worcester | 99 Out of State |

Docket Number: 99-292 Case Name (Parties): TIMOTHY DONOVAN et al. vs. ALAN COADTS et al.

If the Medical Malpractice Tribunal has heard your case, finding was for: YOU PLAINTIFF Date: / /

If the Court has heard your case, indicate the following: Decision determined by (check one): JUDGE TRIBUNAL JURY

Decision: Award:

If your case was appealed, indicate the following: Date Appeal Filed: / / Date Appeal Decided: / /

Decision:

If your case was settled, indicate the following: Total Settlement Amount: Date: / /

Final result, if different from above: Amount allocated to you: CASE DISMISSED WITH PREJUDICE AGAINST PLAINTIFF Date: 07/07/99
NO PAYMENTS MADE

Signature: [Signature] Date: 10/15/99

(see reverse side for Questions 17 to 21)

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

TEL: (212) 735-3000
FAX: (212) 735-2000
www.skadden.com

FIRM/AFFILIATE OFFICES

BOSTON
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LONDON
MOSCOW
MUNICH
PARIS
SINGAPORE
SYDNEY
TOKYO
TORONTO
VIENNA

RECEIVED

JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

Re: Form A Statement Regarding the Proposed Acquisition of
Control of Washington Casualty Company

Dear Mr. Pastuch,

On behalf of Medical Professional Mutual Insurance Company, a mutual medical liability insurance company domiciled in the Commonwealth of Massachusetts (the "Applicant"), enclosed please find one original and one copy of a Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer (the "Application") seeking the approval of the Insurance Commissioner of the State of Washington (the "Commissioner") pursuant to the requirements of 48.31B.015 of the Washington Insurance Code, for the proposed acquisition of control by the Applicant of Washington Casualty Company, a property and casualty insurance company domiciled in the State of Washington (the "Domestic Insurer"). In addition, we have enclosed a compact disc containing a copy of the Application in PDF format. The Domestic Insurer is a direct, wholly-owned subsidiary of FinCor Holdings, Inc., a Michigan company ("FinCor").

The Applicant proposes to acquire control of the Domestic Insurer pursuant to an Agreement and Plan of Merger by and among FinCor, Horizon Merger Corporation, a newly formed Michigan Corporation and a direct, wholly-owned subsidiary of the Applicant ("Merger Sub"), the Applicant and Holders Agent, Inc., a newly formed Michigan Corporation and a direct, wholly-owned

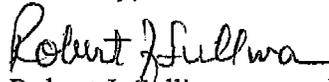
subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

The information contained in Exhibit J to the Application and in the "Supplemental Personal Information" portion of the biographical affidavits, which are attached to the Application as Exhibit K, is of a personal nature that is not otherwise available to the public and is being submitted to the Commissioner in confidence. Such information should be afforded confidential treatment and is being provided with the express understanding that the confidentiality of such information will be safeguarded and the directors and executive officers to whom such information relates will be protected from any and all unwarranted invasions of personal privacy pursuant to all applicable provisions of law, including but not limited to, Revised Code of Washington Sections 42.56.070 and 42.56.230.

Kindly mark the provided duplicate copy of this letter as "received" and return it to using the enclosed pre-addressed FedEx envelope. Thank you for your attention to this matter. Please contact us if you have any questions or require any additional information.

Sincerely,


Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code



Ref # 0150700014H. Matthew Crusey
Invoice #
PO #
Dept #

SHIP TO: (360)725-7211 **BILL SENDER**
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Tumwater, WA 985014426

RELEASE#: 3785346

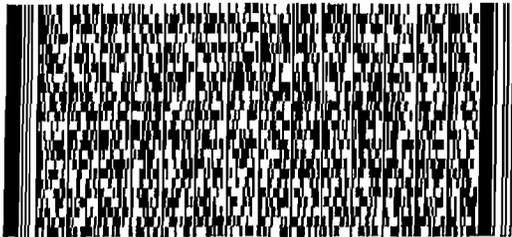
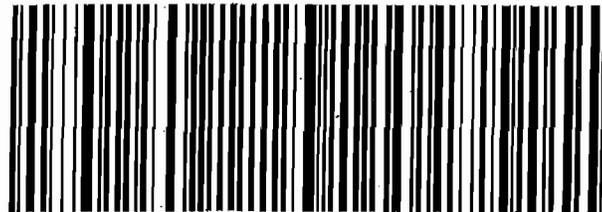
WED - 17JUN AA

TRK# 7912 3052 1910
0201

STANDARD OVERNIGHT

98501
WA-US
SEA

XH OLMA



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Applicant Name (Company) **Medical Professional Mutual Insurance Company**

NAIC No. **10206**

FEIN: **04-2595783**

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

**Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129**

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **Maryanne Clasby Bombaugh**
2. a. Are you a citizen of the United States? **Yes**
 b. Are you a citizen of any other country, if so, what country?
3. Affiant's Occupation or Profession. **Obstetrician/Gynecologist**
4. Affiant's business address. **Caritas Women's Health, 830 Oak Street, Suite 104 West, Brockton, MA 02310**
 Business telephone. **508-897-4707**
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Smith College	Northhampton, MA	1976	B.A.

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Massachusetts		Amherst, MA	1979	M.S. Public Health
University of Texas Health Science Center		San Antonio, TX	1984	M.D.
Johns Hopkins University		Baltimore, MD	2001	Hopkins Bus of Med Exec. Grad. Cert.

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Brooke Army Medical Center	San Antonio, TX	1984-1985	Internship OB/GYN
Walter Reed Army Medical Center	Washington, D.C	1985-1988	Residency OB/GYN

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) **Medical Professional Mutual Insurance Company**

NAIC No. **10206**

FEIN: **04-2595783**

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American College of Obstetricians & Gynecologists		409 12th St., S.W., PO Box 96920 Washington, D.C. 20090-6920	(202) 638-5577
American Assoc. of Gynecologic Laparoscopists		6757 Catella Avenue Cypress, CA 90630-5105	(800) 554-2245
American College of Physician Executives		4890 West Kennedy Blvd, Suite 200 Tampa, FL 33609	
American Medical Association		515 N. State Street Chicago, IL 60610	(800) 621-8335
Massachusetts Medical Society		860 Winter Street Waltham Woods Corporate Center Waltham, MA 02451-1411	781-893-4610 or -3800

7. Present or proposed position with the applicant entity. **Director**

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. **See Attached List**

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Applicant Name (Company) **Medical Professional Mutual Insurance Company** NAIC No. **10206**
FEIN: **04-2595783**

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond? **NO** If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. **NO**

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License **Texas Medical Board** Address **333 Guadalupe St. #3-610**

City **Austin** State/Province **Texas** Country **USA** Postal Code **78701**

License Type **Medical** License # **G8010** Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) **(512) 305-7030**

Organization /Issuer of License **Commonwealth of MA, Board of Registration in Medicine** Address **200 Harvard Mill Square, Suite 330**

City **Wakefield** State/Province **Massachusetts** Country **USA** Postal Code **01880**

License Type **Medical** License # **75493** Date Issued (MM/YY) **1992**

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) **(781) 876-8200**

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? **NO**

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? **NO**

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? **NO**

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? **NO**

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? **NO**
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? **NO**
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? **NO**
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? **NO**
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? **NO**
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? **NO**

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

If any of the stock is pledged or hypothecated in any way, give details. **N/A**

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. **NONE**

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

Applicant Name (Company) **Medical Professional Mutual Insurance Company**

NAIC No. **10206**

FEIN: **04-2595783**

14. Have you ever been adjudged a bankrupt? **NO** If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? **NO**

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? **NO**

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? **NO**

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of June 2009 at Promutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Maryanne Bombaugh
(Signature of Affiant)

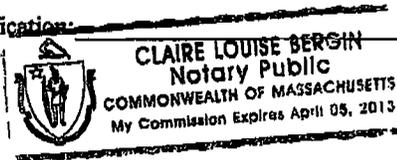
State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By Maryanne Bombaugh and:

who is personally known to me, or

who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Berg
Printed Notary Name
April 5, 2013
My Commission Expires

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

1. Affiant's Full Name (Initials Not Acceptable). **Maryanne Clasby Bombaugh**
2. Have you ever used any other name including nickname, maiden name or aliases? **YES** If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
5/1954 - 1977	Maryanne Clasby	Marriage
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number **[REDACTED]**
4. Government Identification Number if not a U.S. Citizen _____
5. Foreign Student ID# (if applicable) _____
6. Date of Birth: (MM/DD/YY) **[REDACTED]** Place of Birth: City **Framingham**
State/Province **Massachusetts** Country **USA**
7. Name of Affiant's Spouse (if applicable) **Keith Bombaugh**

Applicant Name (Company) **Medical Professional Mutual Insurance Company**

NAIC No. **10206**

10206

FEIN: **04-2595783**

04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> (MM/YY)	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
1992 - Present	[REDACTED]				

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 3rd day of June, 2009 at ProMutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Maryanne Bombaugh
(Signature of Affiant)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By Maryanne Bombaugh and:

- who is personally known to me, or
- who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Applicant Name (Company) **Medical Professional Mutual Insurance Company**

NAIC No. **10206**
FEIN: **04-2595783**

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS *(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, 101 Arch Street, Boston, MA, 02110, 800-225-6168.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Maryanne Clasby Bombaugh, [REDACTED]

Maryanne Bombaugh
(Signature)

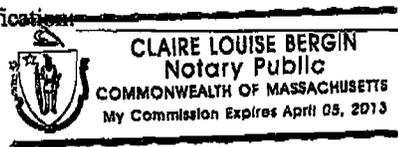
June 3, 2009
(Date)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June 2009 By Maryanne Bombaugh, and

- who is personally known to me, or
- who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Question 8

2008-Present	Caritas Women's Health 830 Oak Street Suite 104 West Brockton, MA 02310	OB/GYN
2008-Present	Medical Professional Mutual Insurance Co. 101 Arch Street, Boston, MA 02110	Director
2003-2007	South Shore Hospital -- Medical Teams Safety and Communication Initiative (MED TEAMS)	Instructor
2003-2008	Atlantic Women's Health	OB/GYN
1998-2003	Bayview Women's Health	OB/GYN
1996-1998	Bridgewater Park Medical Center For Women in Community with Beth Israel/Deaconess Healthcare	OB/GYN
1996-1998	Falmouth Free Clinic Falmouth, MA	Physician Volunteer
1995-1996	Heywood Affiliated Medical Group	OB/GYN
1992-1995	Private Practice, Women's Health Group Falmouth, MA	Physician Director
1994-1995	Falmouth Hospital	Chief of Obstetrics & Gynecology
1991-1993	Uniformed Services University of Health Sciences	Assistant Professor
1991-1992	Walter Reed Army Medical Center	Chief of Gynecology Service
1988-1992	Walter Reed Army Medical Center Washington, D.C.	Attending, Obstetrics Service
1991-1992	Walter Reed Army Medical Center Washington, D.C.	Coordinator of Medical Student Education (OB/GYN)

1989-1992	Walter Reed Army Medical Center Washington, D.C.	Residents' Day Research Coordinator
1989-1991	Walter Reed Army Medical Center Washington, D.C.	Chief, Outpatient Clinics & Consultation Service
1989-1991	Walter Reed Army Medical Center Washington, D.C.	Director of Colposcopy & Laser Clinics (OB/GYN)
1988-1991	Walter Reed Army Medical Center Washington, D.C.	Attending Physician Gynecology Service
1988-1991	Walter Reed Army Medical Center Washington, D.C.	Quality Assurance Coordinator (OB/GYN)
1988-1991	Uniformed Services Univ. of Health Sciences, Bethesda, MD	Instructor
1988-1990	Walter Reed Army Medical Center Washington, D.C.	Chief, Family Planning Service

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

TEL: (212) 735-3000
FAX: (212) 735-2000
www.skadden.com

FIRM/AFFILIATE OFFICES

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MOSCOW
MUNICH
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TOKYO
TORONTO
VIENNA

RECEIVED

JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

Re: Form A Statement Regarding the Proposed Acquisition of
Control of Washington Casualty Company

Dear Mr. Pastuch,

On behalf of Medical Professional Mutual Insurance Company, a mutual medical liability insurance company domiciled in the Commonwealth of Massachusetts (the "Applicant"), enclosed please find one original and one copy of a Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer (the "Application") seeking the approval of the Insurance Commissioner of the State of Washington (the "Commissioner") pursuant to the requirements of 48.31B.015 of the Washington Insurance Code, for the proposed acquisition of control by the Applicant of Washington Casualty Company, a property and casualty insurance company domiciled in the State of Washington (the "Domestic Insurer"). In addition, we have enclosed a compact disc containing a copy of the Application in PDF format. The Domestic Insurer is a direct, wholly-owned subsidiary of FinCor Holdings, Inc., a Michigan company ("FinCor").

The Applicant proposes to acquire control of the Domestic Insurer pursuant to an Agreement and Plan of Merger by and among FinCor, Horizon Merger Corporation, a newly formed Michigan Corporation and a direct, wholly-owned subsidiary of the Applicant ("Merger Sub"), the Applicant and Holders Agent, Inc., a newly formed Michigan Corporation and a direct, wholly-owned

subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

The information contained in Exhibit J to the Application and in the "Supplemental Personal Information" portion of the biographical affidavits, which are attached to the Application as Exhibit K, is of a personal nature that is not otherwise available to the public and is being submitted to the Commissioner in confidence. Such information should be afforded confidential treatment and is being provided with the express understanding that the confidentiality of such information will be safeguarded and the directors and executive officers to whom such information relates will be protected from any and all unwarranted invasions of personal privacy pursuant to all applicable provisions of law, including but not limited to, Revised Code of Washington Sections 42.56.070 and 42.56.230.

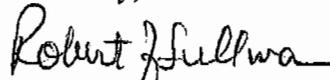
Office of the Insurance Commissioner

June 16, 2009

Page 3

Kindly mark the provided duplicate copy of this letter as "received" and return it to using the enclosed pre-addressed FedEx envelope. Thank you for your attention to this matter. Please contact us if you have any questions or require any additional information.

Sincerely,


Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code

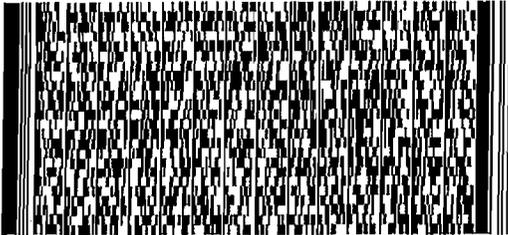


Ref # 0150700014H. Matthew Crusey
Invoice #
PO #
Dept #

SHIP TO: (360)725-7211 **BILL SENDER**
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Tumwater, WA 985014426

RELEASE#: 3785346

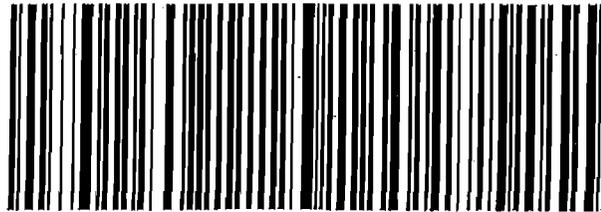


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XH OLMA

98501
WA-US
SEA



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

**Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129**

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **Paul Asheim Schnitman**
2. a. Are you a citizen of the United States? **Yes**
b. Are you a citizen of any other country, if so, what country?
3. Affiant's Occupation or Profession. **Dentist**

4. Affiant's business address. **Wellesley Hills Medical Center, Suite 202,
422 Worcester St, Wellesley Hills, MA 02481**

Business telephone. **781-235-9988**

5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
Univ. of Pittsburgh	Pittsburgh, PA	1964	BS	
<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
New York Univ. College of Dentistry	New York, NY	1967	DDS	
New York Univ. College of Dentistry	New York, NY	1979	Prosthodontics, MSD	
<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>	
Brookdale Hospital, Medical Center Brooklyn, NY	Brooklyn, NY	1971-1973	Fellow in Prosthodontics/Oral Implantology	
Harvard School of Medicine Boston, MA	Boston, MA	1973-1974	Research Fellow in Prosthetic Dentistry	

Also see attached.

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American Dental Association		211 East Chicago Avenue, Chicago, IL 60611	312-440-2500
Academy of Osseointegration		85 W. Algonquin Rd., Suite 550. Arlington Heights, IL 60005	847-439-1919
Fellow, American Academy of Implant Dentistry		211 East Chicago Avenue, suite 750, Chicago, IL 60611	312-335-1550
MA Dental Society		Two Willow St, Suite 200, Southborough, MA 01745	508-480-9797
Harvard Odontological Society			
Northeastern Prosthodontics Society			
American Academy of Implant Dentistry Research Foundation		211 East Chicago Ave, Suite 750, Chicago, IL 60611	312-335-1550

7. Present or proposed position with the applicant entity. **Director**

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. **See Attached List**

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No.

10206

FEIN:

04-2595783

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond? NO If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient See Attached List

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

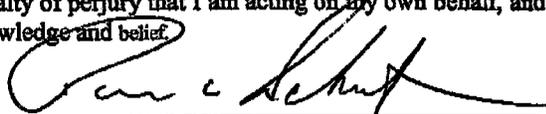
a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this _____ day of _____ 20__ at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.



(Signature of Affiant)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ By

_____, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

1. Affiant's Full Name (Initials Not Acceptable). Paul Asheim Schnittman
2. Have you ever used any other name including nickname, maiden name or aliases? NO If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number ██████████
4. Government Identification Number if not a U.S. Citizen _____
5. Foreign Student ID# (if applicable) _____
6. Date of Birth: (MM/DD/YY) ██████████ Place of Birth: City New Haven
State/Province Connecticut Country USA
7. Name of Affiant's Spouse (if applicable) Phyllis Schnittman

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

* 8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending</u> Dates (MM/YY)	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
1984 - Present	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 3rd day of June, 2009 at Pro Mutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By Paul Schitman, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

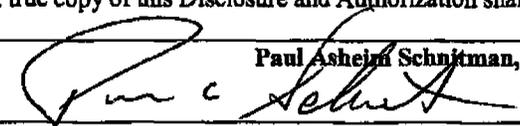
You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, 101 Arch Street, Boston, MA, 02110, 800-225-6168.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

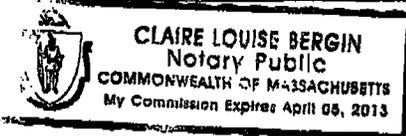
Paul Ashelm Schmittman

(Signature) 6/3/2009
(Date)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June 2009 By Paul Schmittman, and

- who is personally known to me, or
- who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Question 6

1983-Present, American College of Prosthodontists, Associate Fellow
1984-Present, Master, American Academy of Implant Prosthodontics
1986-Present, Fellow, Academy of Osseointegration
1988-Present, American College of Prosthodontics, Ad Hoc Committee on Implants
1989-Present, American Board of Oral Implantology, Diplomate
1991-Present, American Academy of Dental Science, Fellow
1993-Present, American College of Dentists, Fellow
1996-Present, Harvard Odontological Society, Past President
2003-2006, International Association for Dental Research

Question 8

1991- Present	The Boston Seminars in Implant Dentistry, 422 Worcester St., Wellesley Hills, MA 02481	Director
1991-Present	Implant Dentistry, 422 Worcester St., Suite 202, Wellesley Hills, MA 02481	Private Prac.
1994-Present	Department of Surgery, Newton-Wellesley Hospital, 2014 Washington St., Newton, MA 02462,	Active Staff
2000-Present	Department of Prosthetic Dentistry, Harvard School of Dental Medicine, 188 Longwood Avenue, Boston, MA 02115,	Lecturer
2002-Present	Medical Professional Mutual Insurance Company, ProSelect Insurance Company, ProMutual Group Inc., ProMutual Insurance Agency, Inc., 101 Arch Street, Boston, MA 02110	Director
2002-Present	ProSelect National Insurance Company, 2999 North 44 th Street, Ste. 250, Phoenix, AZ 85018,	Director
1975-1982	Department of Prosthetic Dentistry, Harvard School of Medicine, 188 Longwood Ave, Boston, MA 02115	Asst. Prof. of Prosthetic Dentistry

1977-1984	Harvard/Implant Transplant Research Unit Co 188 Longwood Ave, Boston, MA 02115	Director
1979-1989	Waltham Hospital, 9 Hope Ave, Waltham, MA 02453	Consultant in Implant Dentistry
1981-1991	Special Care for Advanced Dental Disease, School of Dental Medicine, Harvard School of Dentistry and Medicine, 188 Longwood Ave, Boston, MA 02115	Director
1982-1985	Department of Prosthetic Dentistry, Harvard School of Dental Medicine, 188 Longwood Ave, Boston, MA 02115	Assoc. Prof. of Prosthetic Dentistry
1986-1991	Department of Implant Dentistry, Harvard School of Dental Medicine, 188 Longwood Ave, Boston, MA 02115,	Head of Dept.
1986-1991	Department of Implant Dentistry, Harvard School of Dental Medicine, 188 Longwood Ave, Boston, MA 02115	Assoc. Prof. of Implant Dentistry
1991-1997	Department of Surgery, Beth Israel Deaconess Medical Center, 1 Deaconess Rd., Boston, MA 02215	Active Staff
1993-1994	Department of Surgery, Newton-Wellesley Hospital, 2014 Washington St., Newton, MA 02462	Provisional Staff
1996-1997	Dental Advisory Board, Medical Professional Mutual Insurance Company, 101 Arch St., Boston, MA 02110	Member

Question 10

1967 – Connecticut License #4029

1967 – New York License #27144-1

1967 – Rhode Island License #1410

1973 – Massachusetts License #12317

1989 – Diplomate – American Board of Oral Implantology) This is a non-recognized board which follows the guidelines for boards of the nine recognized specialties of dentistry

2002 – Vermont License #016-002136

Academic Appointments:

- 1974-1975 Instructor, Prosthetic Dentistry, Department of Prosthetic Dentistry, Harvard School of Dental Medicine, Boston, Massachusetts
- 1975-1982 Assistant Professor of Prosthetic Dentistry, Department of Prosthetic Dentistry, Harvard School of Dental Medicine, Boston, Massachusetts
- 1982-1987 Associate Professor of Prosthetic Dentistry, Department of Prosthetic Dentistry, Harvard School of Dental Medicine, Boston, Massachusetts
- 1987-1991 Head, Department of Implant Dentistry, Associate Professor of Implant Dentistry, Harvard School of Dental Medicine, Boston, Massachusetts
- 2000- Lecturer, Department of Restorative Dentistry and Biomaterials Sciences, Harvard School of Dental Medicine, Boston, Massachusetts

Hospital or Affiliated Institution Appointments:

- 1969-1977 Assistant, Restorative Dentistry, Brookdale Hospital Medical Center, Brooklyn, New York
- 1979-1989 Consultant in Implant Dentistry, Waltham Hospital, Waltham, Massachusetts
- 1991-1997 Active Staff, Department of Surgery, New England Deaconess Hospital, Boston, Massachusetts
- 1993-1994 Provisional Staff, Department of Surgery, Newton-Wellesley Hospital, Newton, Massachusetts
- 1994- Active Staff, Department of Surgery, Newton-Wellesley Hospital, Newton, Massachusetts

Other Professional Positions and Major Visiting Appointments:

- 1967-1971 Private Practice, General Dentistry, New Haven, Connecticut
- 1973-1975 Associate Scientist, New England Regional Primate Center, Southborough, Massachusetts
- 1977-1978 Affiliated Scientist, New England Regional Primate Center, Southborough, Massachusetts
- 1991- Director- The Boston Seminars In Implant Dentistry
- 1991- Private Practice, Implant Dentistry, Wellesley Hills, Massachusetts
- 1996-1997 Dental Advisory Board- Promutual Medical Professional Insurance Company
- 2002- Board of Directors, Promutual Medical Professional Insurance Company
- 2007-2008 Secretary-Board of Directors, Promutual Medical Professional Insurance Company

Major Administrative Responsibilities:

- 1977-1984 Co-Director, Harvard/Implant Transplant Research Unit
- 1981-1991 Director, Special Care for Advanced Dental Disease, School of Dental Medicine
- 1987-1991 Head, Department of Implant Dentistry, Harvard School of Dental Medicine, Boston, Massachusetts

Major Committee Assignments:

National

- 1977-1978 Advisory Committee on Tooth Implant Clinical Investigation, NIDR-NIH
- 1978 Co-Chairman, NIH/Harvard Consensus Development Conference on Dental Implants: Benefit and Risk
- 1979 Consultant on Consensus Development to National Advisory Research Council, NIDR-NIH
- 1985 Special Study Section Division of Research Grants NIH, Department of Health and Human Services
- 1986 Medical Research Council of Canada, Site Visitor
- 1987-1991 Member, Accredited Standards Committee-MD156, Subcommittee on Dental Implants, American Dental Association
- 1990 Organizing Committee, American College of Oral Implantology/American Association of Dental Schools Conference to Develop Predoctoral Implant Training
- 1990 Medical Research Council of Canada, Site Visitor
- 1996-1997 Dental Advisory Board- Promutual Medical Professional Insurance Company
- 2002- Investment committee, Board of Directors, Promutual Medical Professional Insurance Company
- 2007- ~~2008~~ Chairman, Investment committee, Board of Directors, Promutual Medical Professional Insurance Company

Harvard School of Dental Medicine

- 1976-1977 Admissions Committee, Harvard School of Dental Medicine
- 1978-1979 Radioactive Materials Committee
- 1979-1991 Pre-doctoral Research Committee
- 1985-1991 Committee on Appointments, Re-appointments, and Promotions
- 1985-1991 Committee on Postdoctoral Education
- 1989-1991 Curriculum Committee

Memberships, Offices and Committee Assignments in Professional Societies:

- 1967- American Dental Association
- 1971- Fellow, American Academy of Implant Dentistry
- 1971-1994 Federation of Prosthodontic Organizations
- 1973-1991 Prosthodontics Research Group, IADR
- 1973-1991 International Association of Dental Research (IADR)
- 1976- Massachusetts Dental Society

1976-2006 Fellow, Greater New York Academy of Prosthodontics
 1978-1992 Society for Biomaterials
 1980-1987 Society for Clinical Trials
 1980- Harvard Odontological Society
 1981-2004 Northeastern Prosthodontic Society
 1984-~~2006~~ Implantology Research Group, IADR
 1981- American Academy of Implant Dentistry Research Foundation
 1983-2006 Member, American College of Prosthodontists
 1984- Master, American Academy of Implant Prosthodontics
 1986- Active Member, Academy of Osseointegration
 1987-1991 American Association of Dental Schools
 1989-1994 Academy of General Dentistry
 1989- Diplomat, American Board of Oral Implantology
 1991- Fellow, American Academy of Dental Science
 1993- Fellow, American College of Dentists
 2003- Fellow, Academy of Osseointegration
 2003- Delegate- House of Delegates, Massachusetts Dental Society

Offices Held

1981-1982 President, Prosthodontics Research Group, AADR
 1982-1983 President, Prosthodontics Research Group, IADR
 1985-1986 Treasurer American Academy of Implant Dentistry Research Foundation
 1986-1987 President, Implantology Research Group, AADR
 1986-1987 President, Implantology Research Group, IADR
 1987-1990 Vice-Chairman, American Academy of Implant Dentistry Research Foundation
 1987-1988 Councilor, International Association of Dental Research/AADR
 1987-1989 Secretary, American Academy of Implant Dentistry
 1989-1990 Vice-President, American Academy of Implant Dentistry
 1989-1991 Board of Directors, American Board of Oral Implantology
 1990-1991 President-Elect, American Academy of Implant Dentistry
 1991-1992 President, American Academy of Implant Dentistry
 1992-1997 Board of Directors, the American Board of Oral Implantology
 1993-1997 Board of Directors, the American Academy of Implant Dentistry Research Foundation
 1993-1995 Past Presidents Representative to the Executive Council, American Academy of Implant Dentistry
 1996- 2004 Secretary-Harvard Odontological Society
 1996-1997 President, The American Board of Oral Implantology
 2004- President-Elect-Harvard Odontological Society
 2005-2006 President -Harvard Odontological Society
 2006-2008 Executive Committee- Harvard Odontological Society

Major Committee Assignments

- 1978 Advisory Committee on Endosseous Implants, American Dental Association, Chicago, Illinois
- 1982 Chairman, Nomenclature Committee, American Academy of Implant Dentistry
- 1983 Chairman, Education Committee, American Academy of Implant Dentistry
- 1984-1993 Chairman, Committee on Specialization, American Academy of Implant Dentistry
- 1987 Education Committee, American College of Prosthodontics
- 1988-1989 Scientific Investigation Committee, Greater New York Academy of Prosthodontics
- 1988-1990 Ad Hoc Committee on Implants, American College of Prosthodontics
- 1990 National Dental Implant Registry, Federation of Prosthodontic Organizations, Representative
- 1990 Organizing Committee American College of Oral Implantology/American Association of Dental Schools, National Conference of Dental Educators for Curriculum Guidance for Predoctoral Implant Dentistry
- 1995-1996 Scientific Investigation Committee, Greater New York Academy of Prosthodontics
- 1997-1998 Ad Hoc Subcommittee on Learning Lunches- Academy of Osseointegration
- 1999-2003 Public Relations Committee- Academy of Osseointegration
- 2003 Chairman, Local Arrangements Committee - Academy of Osseointegration
- 2004 Oral Session Chairman, Implantology Research-Immediate Loading, Annual Session, International Association for Dental Research
- 2006- Co-chairman-Section on Immediate Loading, 2006 Workshop on the State of the Science of Implant Dentistry, Academy of Osseointegration

Community Service Related to Professional Work

- 1995- Troop 182 Committee, Wellesley, Massachusetts, Boy Scouts of America

Editorial Boards:

- 1979 Ad Hoc Reviewer, Journal of the American Dental Association
- 1979 Ad Hoc Reviewer, Journal of Biomedical Materials Research
- 1979 Ad Hoc Reviewer, Journal of Prosthetic Dentistry
- 1980 Ad Hoc Reviewer, Journal of Dental Research
- 1980-2006 Member, Journal of Oral Implantology
- 1988-1994 Assistant Editor, Journal of Oral Implantology
- 1989-1995 Member, Clinical Oral Implants Research

subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

The information contained in Exhibit J to the Application and in the "Supplemental Personal Information" portion of the biographical affidavits, which are attached to the Application as Exhibit K, is of a personal nature that is not otherwise available to the public and is being submitted to the Commissioner in confidence. Such information should be afforded confidential treatment and is being provided with the express understanding that the confidentiality of such information will be safeguarded and the directors and executive officers to whom such information relates will be protected from any and all unwarranted invasions of personal privacy pursuant to all applicable provisions of law, including but not limited to, Revised Code of Washington Sections 42.56.070 and 42.56.230.

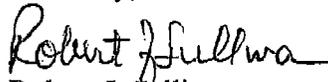
Office of the Insurance Commissioner

June 16, 2009

Page 3

Kindly mark the provided duplicate copy of this letter as "received" and return it to using the enclosed pre-addressed FedEx envelope. Thank you for your attention to this matter. Please contact us if you have any questions or require any additional information.

Sincerely,



Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey,
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code



Ref # 0150700014H. Matthew Crusey
Invoice #
PO #
Dept #

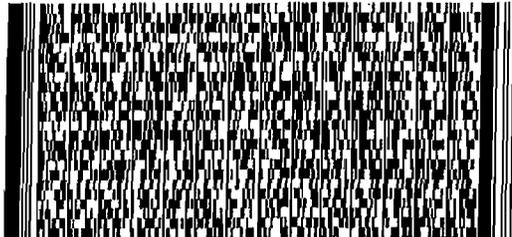
SHIP TO: (360)725-7211 **BILL SENDER**
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Tumwater, WA 985014426

RELEASE#: 3785346

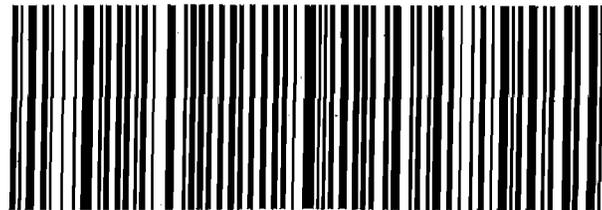
TRK# 7912 3052 1910
0201

WED - 17JUN AA
STANDARD OVERNIGHT



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98501
WA-US
SEA



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **Peter Thomson Robertson**
2. a. Are you a citizen of the United States? **Yes**
b. Are you a citizen of any other country, if so, what country?
3. Affiant's Occupation or Profession. **Attorney**
4. Affiant's business address. **210 Melrose Street, Newton, MA 02466**
Business telephone. 617-527-0011
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Virginia	Charlottesville, VA	1963-1966, 1969-1970	AB

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	Boston College Law School	Boston, MA	1970-1973	JD

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
N/A			

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
NONE			

7. Present or proposed position with the applicant entity. **Director**

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. **Also See Attached List.**

Beginning/Ending

Dates (MM/YY) **1998 - Present** Employers' Name **ProSelect National Insurance Company, Inc.**

Address **2999 North 44th St Suite 250** City **Phoenix** State/Province **AZ**

Country **USA** Postal Code **85018** Phone _____ Offices/Positions Held **Director**

Supervisor / Contact

Beginning/Ending

Dates (MM/YY) **1998 - Present** Employer' Name **RightFind Technology Company, LLC**

Address **210 Melrose Street** City **Newton** State/Province **MA**

Country **USA** Postal Code **02446** Phone _____ Offices/Positions Held **Founder, Member**

Supervisor / Contact

Beginning/Ending

Dates (MM/YY) **1998 - Present** Employers' Name **RightFind Auto Inc., c/o Peter T. Robertson**

Address **210 Melrose Street** City **Newton** State/Province **MA**

Country **USA** Postal Code **02466** Phone _____ Offices/Positions Held **Founder, Director, Clerk**

Supervisor / Contact

Beginning/Ending

Dates (MM/YY) **1996 - Present** Employers' Name **ProSelect Insurance Co.**

Address **101 Arch St** City **Boston** State/Province **MA**

Country **USA** Postal Code **02110** Phone _____ Offices/Positions Held **Director**

Supervisor / Contact

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

9. a. Have you ever been in a position which required a fidelity bond? NO If any claims were made on the bond, give details. _____
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO
10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License Board of Bar Overseers Address 99 High St.

City Boston State/Province Commonwealth of MA, Boston Country USA Postal Code 02110

License Type License to Practice Law License # 422740 Date Issued (MM/YY) 12/1973

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) (617) 728-8780

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

_____ NONE _____

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

_____ N/A _____

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

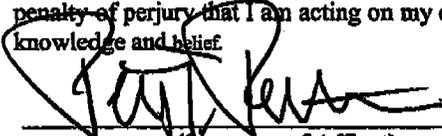
14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of June 2009 at ProMutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.



(Signature of Affiant)

State of MA County of Suffolk

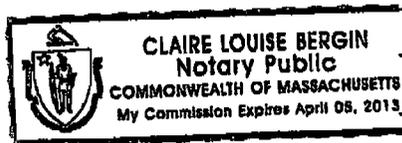
The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By

Peter Robertson, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public

Claire Louise Bergin

Printed Notary Name

April 5, 2013

My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
1978 - Present	[REDACTED]				

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 3rd day of June, 2009 at ProMutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

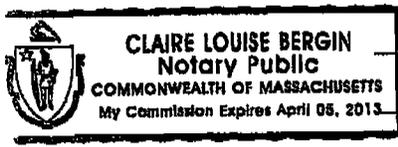
[Signature]
(Signature of Affiant)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By Peter Robertson, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS *(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, 101 Arch Street, Boston, MA, 02110, 800-225-6168.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

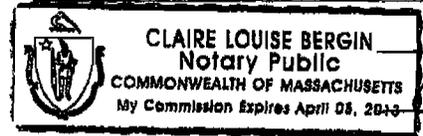
Peter Thomson Robertson
Peter Thomson Robertson
(Signature) June 3, 2009
(Date)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June 2009 By Peter Robertson, and

- who is personally known to me, or
- who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Question 8

2008-present	Hospitality Mutual Insurance Company 95A Turnpike Road Westborough, MA 01581	Director, Clerk
1998-present	ProSelect National Insurance Company, Inc., 2999 North 44 th Street, Suite 250, Phoenix, AZ 85018	Director
1998-present	RightFind Technology Company, LLC, 210 Melrose Street Newton, MA 02466	Founder, Member
1998-present	RightFind Auto Inc., c/o Peter T. Robertson, 210 Melrose Street, Newton, MA 02466	Founder, Director, Clerk
1996-present	ProSelect Insurance Co., 101 Arch Street, Boston, MA 02110	Director
1996-present	ProMutual Insurance Agency, 101 Arch Street, Boston, MA 02110	Director
1995-present	Medical Malpractice Reinsurance Plan, 95A Turnpike Road, Westborough, MA 01581	Mem. Of Governing Committee
1995-present	ProMutual Group, Inc., 101 Arch Street, Boston, MA 02110	Director
1994-2001	Premier Insurance Company, 10 Chestnut Street, Worcester, MA 01608	Director
1995-present	Medical Professional Mutual Insurance Co., 101 Arch Street, Boston, MA 02110	Director
1992-1995	Massachusetts Medical Professional Insurance Association (MMPIA), 101 Arch Street, Boston, MA 02110	Director
1990-present	Self, 210 Melrose Street, Newton, MA 02466	Attorney & Consultant*
1996-1997	Summit Insurance Company, 235 Promendale, Suite 117, Providence, RI 02908	Director

1995-1996	Northeastern University School of Law, 400 Huntington Avenue, Boston, MA 02115	Adjunct Professor
1985-1990	Massachusetts Division of Insurance 80 Friend Street Boston, MA 02114	Deputy Commissioner & Gen. Counsel (1986-1990) Dep. Gen. Counsel (1985-1986)
1980-1984	Massachusetts Securities Division One Ashburton Place, Boston, MA 02108	General Counsel
1979-1980	Massachusetts General Court, Committee on Ins. State House, Boston, MA 02133	Counsel to the Senate Chairman
1977-1979	Massachusetts Division of Insurance 100 Cambridge Street, Boston, MA 02108	Legislative Counsel

* Contact to verify self-employment:

James Burke
617-542-7722

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

TEL: (212) 735-3000
FAX: (212) 735-2000
www.skadden.com

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RECEIVED

JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

Re: Form A Statement Regarding the Proposed Acquisition of
Control of Washington Casualty Company

Dear Mr. Pastuch,

On behalf of Medical Professional Mutual Insurance Company, a mutual medical liability insurance company domiciled in the Commonwealth of Massachusetts (the "Applicant"), enclosed please find one original and one copy of a Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer (the "Application") seeking the approval of the Insurance Commissioner of the State of Washington (the "Commissioner") pursuant to the requirements of 48.31B.015 of the Washington Insurance Code, for the proposed acquisition of control by the Applicant of Washington Casualty Company, a property and casualty insurance company domiciled in the State of Washington (the "Domestic Insurer"). In addition, we have enclosed a compact disc containing a copy of the Application in PDF format. The Domestic Insurer is a direct, wholly-owned subsidiary of FinCor Holdings, Inc., a Michigan company ("FinCor").

The Applicant proposes to acquire control of the Domestic Insurer pursuant to an Agreement and Plan of Merger by and among FinCor, Horizon Merger Corporation, a newly formed Michigan Corporation and a direct, wholly-owned subsidiary of the Applicant ("Merger Sub"), the Applicant and Holders Agent, Inc., a newly formed Michigan Corporation and a direct, wholly-owned

subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

The information contained in Exhibit J to the Application and in the "Supplemental Personal Information" portion of the biographical affidavits, which are attached to the Application as Exhibit K, is of a personal nature that is not otherwise available to the public and is being submitted to the Commissioner in confidence. Such information should be afforded confidential treatment and is being provided with the express understanding that the confidentiality of such information will be safeguarded and the directors and executive officers to whom such information relates will be protected from any and all unwarranted invasions of personal privacy pursuant to all applicable provisions of law, including but not limited to, Revised Code of Washington Sections 42.56.070 and 42.56.230.

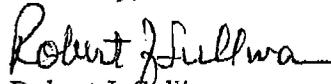
Office of the Insurance Commissioner

June 16, 2009

Page 3

Kindly mark the provided duplicate copy of this letter as "received" and return it to using the enclosed pre-addressed FedEx envelope. Thank you for your attention to this matter. Please contact us if you have any questions or require any additional information.

Sincerely,



Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code

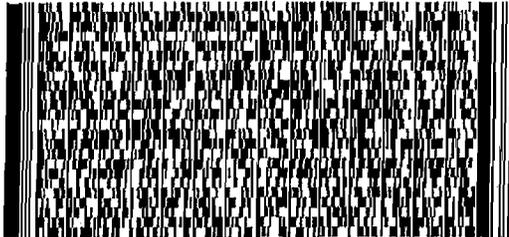


SHIP TO: (360)725-7211 **BILL SENDER**
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Ref # 01507000014H. Matthew Crusey
Invoice #
PO #
Dept #

Tumwater, WA 985014426

RELEASE#: 3785346

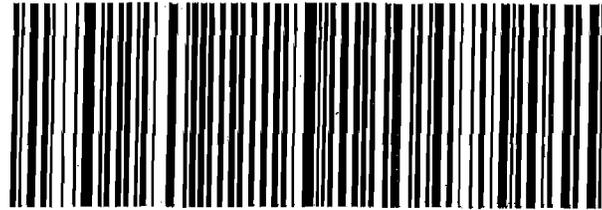


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0201

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STANDARD OVERNIGHT

XH OLMA

98501
WA-US
SEA



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **Phillip Edward McCarthy**
2. a. Are you a citizen of the United States? **Yes**
b. Are you a citizen of any other country, if so, what country?
3. Affiant's Occupation or Profession. **Surgeon**
4. Affiant's business address. **825 Washington St., Suite 270, Norwood, MA 02062**

Business telephone. **(781) 769-0500**
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
University of Michigan	Ann Arbor, MI	1951-1955	BS	
<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Tufts University School of Medicine	Boston, MA	1955-1959	MD	
<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>	
St. Elizabeth Hospital	Brighton, MA	1959-1964	Surgical Residency	

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American Medical Assoc		515 North State St, Chicago, IL 60610	800-621-8335
MA Medical Society		860 Winter ST, Waltham Woods Corporate Center, Waltham, MA 02451	781-893-4610
American College of Surgeons Plymouth County Medical Society		633 North St. Clair St, Chicago, IL 60611	312-202-5000
SAGES		11300 West Olympic Blvd, Suite 600, Los Angeles, CA, 90064	310-437-0544
Society of General Surgeons		PO Box 4834, Englewood, CO, 80155	303-771-5948
Boston Surgical Society			
New England Surgical Society		900 Cummings Center, Suite 221-U, Beverly, MA 01915	978-927-8330

7. Present or proposed position with the applicant entity. Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. See Attached List

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond? **NO** If any claims were made on the bond, give details. _____
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. **NO**
10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License Commonwealth of MA, Board of Registration in Medicine Address 200 Harvard Mill Square, Ste. 330

City Wakefield State/Province MA Country USA Postal Code 01880

License Type Medical License License # 26292 Date Issued (MM/YY) 1959

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) (781) 876-8200

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No.

10206

FEIN:

04-2595783

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of June 2009 at ProMutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Philip McCarthy
(Signature of Affiant)

State of MA County of Suffolk

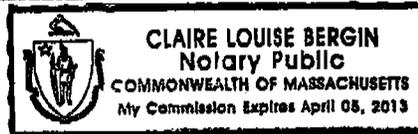
The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By

Philip McCarthy, and:

who is personally known to me, or

who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
1974 - present	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

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[Signature]
(Signature of Affiant)

State of MA County of Suffolk

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[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (All states except California, Minnesota and Oklahoma)

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Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

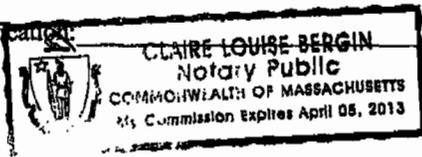
Philip Edward McCarthy, [Redacted]
Philip E. McCarthy (Signature) June 3, 2009 (Date)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June 2009 By Philip McCarthy and

- who is personally known to me, or
- who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Question 8

1998-present	ProSelect National Insurance Company, Inc., 2999 North 44 th Street, Ste. 250, Phoenix, AZ, 85018	Director
1996-present	ProMutual Insurance Agency 101 Arch Street, Boston, MA 02110	Director
1996-present	ProSelect Insurance Company 101 Arch Street, Boston, MA 02110	Director
1995-present	ProMutual Group, Inc. 101 Arch Street, Boston, MA 02110	Director
1992-present	Medical Professional Mutual Insurance Company 101 Arch Street, Boston, MA 02110	Director
1966-present	Self, 825 Washington Street, Norwood, MA 02062	Surgeon*

*** Contact to verify self-employment:**

**Joan Schmidt
Medical Staff Manager
Caritas Hospital
800 Washington Street
Norwood, MA 02062
(781) 769-2950**

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

TEL: (212) 735-3000
FAX: (212) 735-2000
www.skadden.com

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JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

FIRM/AFFILIATE OFFICES

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CHICAGO
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CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

Re: Form A Statement Regarding the Proposed Acquisition of
Control of Washington Casualty Company

Dear Mr. Pastuch,

On behalf of Medical Professional Mutual Insurance Company, a mutual medical liability insurance company domiciled in the Commonwealth of Massachusetts (the "Applicant"), enclosed please find one original and one copy of a Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer (the "Application") seeking the approval of the Insurance Commissioner of the State of Washington (the "Commissioner") pursuant to the requirements of 48.31B.015 of the Washington Insurance Code, for the proposed acquisition of control by the Applicant of Washington Casualty Company, a property and casualty insurance company domiciled in the State of Washington (the "Domestic Insurer"). In addition, we have enclosed a compact disc containing a copy of the Application in PDF format. The Domestic Insurer is a direct, wholly-owned subsidiary of FinCor Holdings, Inc., a Michigan company ("FinCor").

The Applicant proposes to acquire control of the Domestic Insurer pursuant to an Agreement and Plan of Merger by and among FinCor, Horizon Merger Corporation, a newly formed Michigan Corporation and a direct, wholly-owned subsidiary of the Applicant ("Merger Sub"), the Applicant and Holders Agent, Inc., a newly formed Michigan Corporation and a direct, wholly-owned

June 16, 2009

Page 2

subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

The information contained in Exhibit J to the Application and in the "Supplemental Personal Information" portion of the biographical affidavits, which are attached to the Application as Exhibit K, is of a personal nature that is not otherwise available to the public and is being submitted to the Commissioner in confidence. Such information should be afforded confidential treatment and is being provided with the express understanding that the confidentiality of such information will be safeguarded and the directors and executive officers to whom such information relates will be protected from any and all unwarranted invasions of personal privacy pursuant to all applicable provisions of law, including but not limited to, Revised Code of Washington Sections 42.56.070 and 42.56.230.

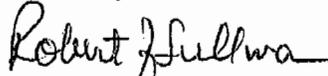
Office of the Insurance Commissioner

June 16, 2009

Page 3

Kindly mark the provided duplicate copy of this letter as "received" and return it to using the enclosed pre-addressed FedEx envelope. Thank you for your attention to this matter. Please contact us if you have any questions or require any additional information.

Sincerely,



Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Fiom LLP
4 Times Square
24th Floor
New York, NY 10036



Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code



Ref # 0150700014H. Matthew Crusey
Invoice #
PO #
Dept #

SHIP TO: (360)725-7211

BILL SENDER

Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Tumwater, WA 985014426

RELEASE#: 3785346

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TRK# 7912 3052 1910
0201

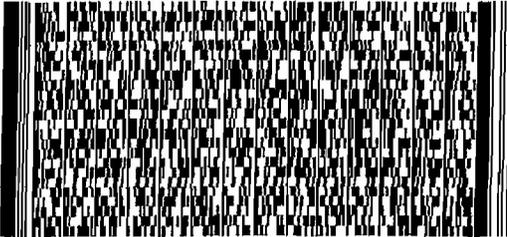
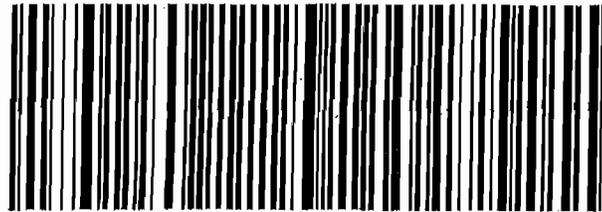
STANDARD OVERNIGHT

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FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **Richard Gordon Hayes**
2. a. Are you a citizen of the United States? **Yes**
 b. Are you a citizen of any other country, if so, what country? _____
3. Affiant's Occupation or Profession. **Accountant**
4. Affiant's business address. **101 Arch Street, Boston, MA 02110**
 Business telephone. **617-428-9827**
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Cape Town	University Private Bag Rondebosch Cape Town, 7700, South Africa Telephone: 69-4351	3/70 - 11/75	BA

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
N/A				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
N/A			

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Property Casualty Insurers Association of America	Steve Broadie	2600 South River Road, Des Plaines, IL 60018	847-297-7800

7. Present or proposed position with the applicant entity. **Controller**

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. See Attached List

Beginning/Ending Dates (MM/YY) 9/97 - present Employer's Name Medical Professional Mutual Insurance Company

Address 101 Arch Street City Boston State/Province MA

Country USA Postal Code 02110 Phone 617-428-9827 Offices/Positions Held Assistant Controller & Controller

Supervisor / Contact John J. Donehue, CFO

Beginning/Ending Dates (MM/YY) 7/86-9/97 Employer's Name Liberty Mutual Group

Address 175 Berkeley St City Boston State/Province MA

Country USA Postal Code 02117 Phone 617-357-9500 Offices/Positions Held Manager - Accounting Policy and Regulatory Reporting, Manager - Corporate Accounting

Supervisor / Contact Dennis J. Langwell

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond? NO If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 8th day of June 2009 at Boston, MA I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Richard Hayes
(Signature of Affiant)

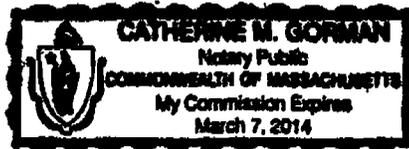
State of Massachusetts County of SUFFOLK

The foregoing instrument was acknowledged before me this 8th day of June, 2009 By Richard Hayes, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Catherine M. Gorman
Notary Public

Printed Notary Name

My Commission Expires

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

1. Affiant's Full Name (Initials Not Acceptable). Richard Gordon Hayes
2. Have you ever used any other name including nickname, maiden name or aliases? NO If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number ██████████
4. Government Identification Number if not a U.S. Citizen _____
5. Foreign Student ID# (if applicable) _____
6. Date of Birth: (MM/DD/YY) ██████████ Place of Birth: City Beverly
State/Province MA Country USA
7. Name of Affiant's Spouse (if applicable) Luella Ann Hayes

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
12/94 - Present	[REDACTED]				

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 8th day of June, 2009 at Boston, MA I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Richard Hayes

(Signature of Affiant)

State of Massachusetts County of Suffolk

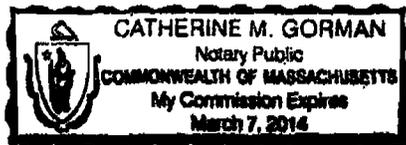
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Richard Hayes, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Catherine M. Gorman

Notary Public

Printed Notary Name

My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, 101 Arch Street, Boston, MA, 02110, 800-225-6168.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Richard Gordon Hayes, [Redacted]

Richard Hayes
(Signature)

6/8/09
(Date)

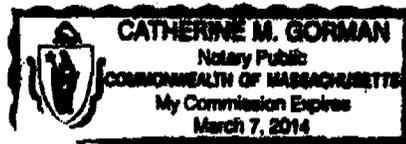
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who produced the following identification: _____

[SEAL]



Catherine M. Gorman
Notary Public

Printed Notary Name

My Commission Expires

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

TEL: (212) 735-3000
FAX: (212) 735-2000
www.skadden.com

FIRM/AFFILIATE OFFICES

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SINGAPORE
SYDNEY
TOKYO
TORONTO
VIENNA

RECEIVED

JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

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Control of Washington Casualty Company

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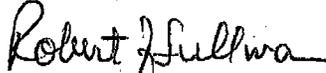
Office of the Insurance Commissioner

June 16, 2009

Page 3

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Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code



Ref # 01507000014H. Matthew Crusey
Invoice #
PO #
Dept #

SHIP TO: (360)725-7211 BILL SENDER

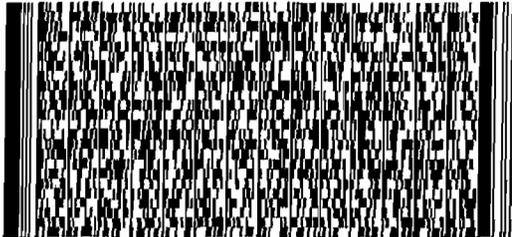
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Tumwater, WA 985014426

RELEASE#: 3785346

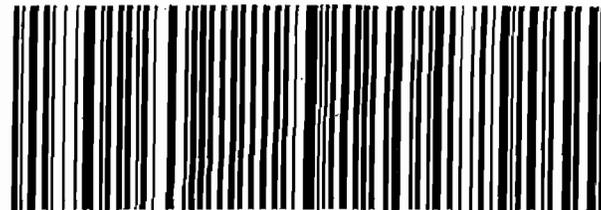
TRK# 7912 3052 1910
0201

WED - 17JUN AA
STANDARD OVERNIGHT



XH OLMA

98501
WA-US
SEA



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
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NAIC No. 10206

FEIN: 04-2595783

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To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

**Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129**

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

- 1. Affiant's Full Name (Initials Not Acceptable). **Richard Joseph Mattels**
- 2. a. Are you a citizen of the United States? **Yes**
b. Are you a citizen of any other country, if so, what country?
- 3. Affiant's Occupation or Profession. **Retired**
- 4. Affiant's business address. **Retired**
Business telephone. **Retired**
- 5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
College of the Holy Cross	Worcester, MA	1954-1958	BA	
<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	Yale University	New Haven, CT	1958-1960	Masters in Industrial Admin.
<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>	

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
President - Milbrook Corporation		61 Woodside Dr, Greenwich, CT, 06830	203-869-4684
		One Lafayette Court Greenwich, CT 06830	203-869-2221
Board Member- United Way			
		258 Jewett Ave Bridgeport, CT 06606	203-416-1363
Board Member - Inner City Foundation			
Leadership Council - YWCA Greenwich, CT		259 East Putnam Ave Greenwich, CT 06830	203-869-6501

7. Present or proposed position with the applicant entity. Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. See Attached List

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond? **NO** If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. **NO**

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? **NO**

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? **NO**

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? **NO**

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? **NO**

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? **NO**

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of June 2009 at Pro Mutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

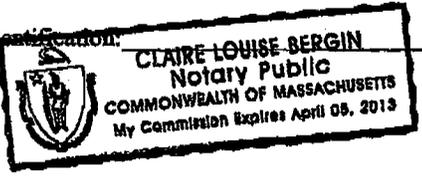
State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By

Richard Matteis and:

- who is personally known to me, or
- who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5 2013
My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
5/1975-Present	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 3rd day of June, 2009 at PrMutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

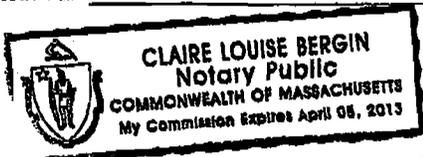
State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By Richard Mattes, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public

Claire Louise Bergin
Printed Notary Name

April 5, 2013

My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, 101 Arch Street, Boston, MA, 02110, 800-225-6168.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Richard Joseph Matteis,
(Signature) June 3, 2009
(Date)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June 2009 By Richard Matteis, and

- who is personally known to me, or
- who produced the following identification

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Question 8

2003 - Present	Retired	
2001 - Present	Medical Professional Mutual Insurance Co., 101 Arch St., Boston, MA 02110	Director
2001 - Present	ProMutual Group, Inc. 101 Arch St., Boston, MA 02110	Director
2001 - Present	ProSelect Insurance Co., 101 Arch St., Boston, MA 02110	Director
2001 - Present	ProSelect National Insurance Co., 2999 N. 44 th Street, Ste 250, Phoenix, AZ 85018	Director
2001 - Present	ProMutual Insurance Agency Inc., 101 Arch St., Boston, MA 02110	Director
1998 - 2003	AXA Financial/Equitable Life Assurance 1290 Avenue of the Americas New York, NY 10104	Executive Vice President
1997-1998	Retired	
1995-1997	Chase Manhattan Corp. 1166 Avenue of the Americas New York, NY 10036	Group Executive, Global Services
1991-1995	Chemical Bank 423 Canal St New York, NY 10013	Group Executive Geoserve
1983 - 1991	Manufacturers Hanover 1166 Avenue of the Americas New York, NY 10036	Exec. Vice President
1972 - 1983	Citibank 1155 Avenue of the Americas New York, NY 10036	Senior Vice President
1969 - 1972	Booz, Allen, Hamilton 8283 Greensboro Drive McLean, VA 22102	Director of Nationwide Commercial/Industrial Consulting

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

TEL: (212) 735-3000
FAX: (212) 735-2000
www.skadden.com

FIRM/AFFILIATE OFFICES

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HONG KONG
LONDON
MOSCOW
MUNICH
PARIS
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SYDNEY
TOKYO
TORONTO
VIENNA

RECEIVED

JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

Re: Form A Statement Regarding the Proposed Acquisition of
Control of Washington Casualty Company

Dear Mr. Pastuch,

On behalf of Medical Professional Mutual Insurance Company, a mutual medical liability insurance company domiciled in the Commonwealth of Massachusetts (the "Applicant"), enclosed please find one original and one copy of a Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer (the "Application") seeking the approval of the Insurance Commissioner of the State of Washington (the "Commissioner") pursuant to the requirements of 48.31B.015 of the Washington Insurance Code, for the proposed acquisition of control by the Applicant of Washington Casualty Company, a property and casualty insurance company domiciled in the State of Washington (the "Domestic Insurer"). In addition, we have enclosed a compact disc containing a copy of the Application in PDF format. The Domestic Insurer is a direct, wholly-owned subsidiary of FinCor Holdings, Inc., a Michigan company ("FinCor").

The Applicant proposes to acquire control of the Domestic Insurer pursuant to an Agreement and Plan of Merger by and among FinCor, Horizon Merger Corporation, a newly formed Michigan Corporation and a direct, wholly-owned subsidiary of the Applicant ("Merger Sub"), the Applicant and Holders Agent, Inc., a newly formed Michigan Corporation and a direct, wholly-owned

subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

The information contained in Exhibit J to the Application and in the "Supplemental Personal Information" portion of the biographical affidavits, which are attached to the Application as Exhibit K, is of a personal nature that is not otherwise available to the public and is being submitted to the Commissioner in confidence. Such information should be afforded confidential treatment and is being provided with the express understanding that the confidentiality of such information will be safeguarded and the directors and executive officers to whom such information relates will be protected from any and all unwarranted invasions of personal privacy pursuant to all applicable provisions of law, including but not limited to, Revised Code of Washington Sections 42.56.070 and 42.56.230.

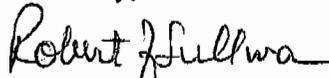
Office of the Insurance Commissioner

June 16, 2009

Page 3

Kindly mark the provided duplicate copy of this letter as "received" and return it to using the enclosed pre-addressed FedEx envelope. Thank you for your attention to this matter. Please contact us if you have any questions or require any additional information.

Sincerely,


Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code

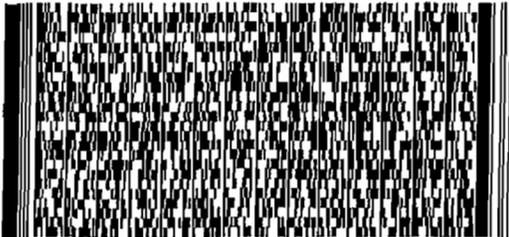


Ref # 0150700014H. Matthew Crusey
Invoice #
PO #
Dept #

SHIP TO: (360)725-7211 BILL SENDER
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Tumwater, WA 985014426

RELEASE#: 3785346

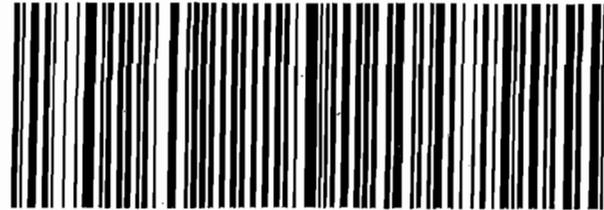


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0201

WED - 17JUN AA
STANDARD OVERNIGHT

XH OLMA

98501
WA-US
SEA



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

**Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129**

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **Richard William Brewer**
2. a. Are you a citizen of the United States? **Yes**
 b. Are you a citizen of any other country, if so, what country?
3. Affiant's Occupation or Profession. **President and CEO**
4. Affiant's business address. **101 Arch Street, Boston, MA 02110**
 Business telephone. **617-526-0202**
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Fairfield University	Fairfield, CT	9/65- 5/69	BA

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Bridgeport		Bridgeport, CT	9/71 - 5/73	MBA

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>None</u>			

7. Present or proposed position with the applicant entity. **President and CEO**

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. See Attached List

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond? **NO** If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. **NO**

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License **NONE** Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? **NO**

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? **NO**

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? **NO**

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? **NO**

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? **NO**

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 8th day of June 2008 at Pro Mutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Richard W. Brown
(Signature of Affiant)

State of MA County of Suffolk

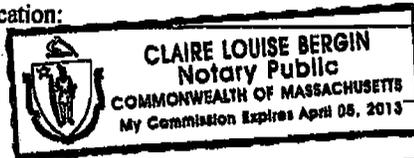
The foregoing instrument was acknowledged before me this 8th day of June, 2009 By

Richard Brown, and:

who is personally known to me, or

who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5 2013
My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

1. Affiant's Full Name (Initials Not Acceptable). Richard William Brewer
2. Have you ever used any other name including nickname, maiden name or aliases? NO If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number
4. Government Identification Number if not a U.S. Citizen _____
5. Foreign Student ID# (if applicable) _____
6. Date of Birth: (MM/DD/YY) Place of Birth: City Norwich
State/Province Connecticut Country USA
7. Name of Affiant's Spouse (if applicable) Barbara Brewer

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending</u> Dates (MM/YY)	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
12/88 - Present	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 8th day of June, 2009 at Pro Mutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

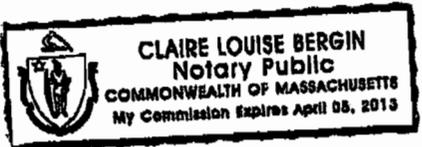
State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 8th day of June, 2009 By

Richard Brewer, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*All states except California, Minnesota and Oklahoma*)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, 101 Arch Street, Boston, MA, 02110, 800-225-6168.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Richard William Brewer, [REDACTED]

Richard W. Brewer
(Signature)

June 8, 2009
(Date)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 8th day of June 2009 By Richard Brewer and

who is personally known to me, or

who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Question 8

DATE	EMPLOYER and ADDRESS	TITLE
1/01-Present	ProMutual Group, 101 Arch St. Boston, MA 02110	President & CEO
6/04-Present	ProSelect Insurance Company, 101 Arch Street, Boston, MA 02110	Director
10/88-12/00	Arbella Mutual Insurance, Company 1100 Crown Colony Dr., Quincy, MA 02269	President & CEO

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

TEL: (212) 735-3000
FAX: (212) 735-2000
www.skadden.com

FIRM/AFFILIATE OFFICES

BOSTON
CHICAGO
HOUSTON
LOS ANGELES
PALO ALTO
SAN FRANCISCO
WASHINGTON, D.C.
WILMINGTON

BEIJING
BRUSSELS
FRANKFURT
HONG KONG
LONDON
MOSCOW
MUNICH
PARIS
SINGAPORE
SYDNEY
TOKYO
TORONTO
VIENNA

RECEIVED

JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

Re: Form A Statement Regarding the Proposed Acquisition of
Control of Washington Casualty Company

Dear Mr. Pastuch,

On behalf of Medical Professional Mutual Insurance Company, a mutual medical liability insurance company domiciled in the Commonwealth of Massachusetts (the "Applicant"), enclosed please find one original and one copy of a Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer (the "Application") seeking the approval of the Insurance Commissioner of the State of Washington (the "Commissioner") pursuant to the requirements of 48.31B.015 of the Washington Insurance Code, for the proposed acquisition of control by the Applicant of Washington Casualty Company, a property and casualty insurance company domiciled in the State of Washington (the "Domestic Insurer"). In addition, we have enclosed a compact disc containing a copy of the Application in PDF format. The Domestic Insurer is a direct, wholly-owned subsidiary of FinCor Holdings, Inc., a Michigan company ("FinCor").

The Applicant proposes to acquire control of the Domestic Insurer pursuant to an Agreement and Plan of Merger by and among FinCor, Horizon Merger Corporation, a newly formed Michigan Corporation and a direct, wholly-owned subsidiary of the Applicant ("Merger Sub"), the Applicant and Holders Agent, Inc., a newly formed Michigan Corporation and a direct, wholly-owned

subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

The information contained in Exhibit J to the Application and in the "Supplemental Personal Information" portion of the biographical affidavits, which are attached to the Application as Exhibit K, is of a personal nature that is not otherwise available to the public and is being submitted to the Commissioner in confidence. Such information should be afforded confidential treatment and is being provided with the express understanding that the confidentiality of such information will be safeguarded and the directors and executive officers to whom such information relates will be protected from any and all unwarranted invasions of personal privacy pursuant to all applicable provisions of law, including but not limited to, Revised Code of Washington Sections 42.56.070 and 42.56.230.

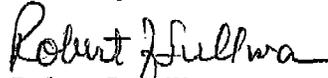
Office of the Insurance Commissioner

June 16, 2009

Page 3

Kindly mark the provided duplicate copy of this letter as "received" and return it to using the enclosed pre-addressed FedEx envelope. Thank you for your attention to this matter. Please contact us if you have any questions or require any additional information.

Sincerely,


Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code

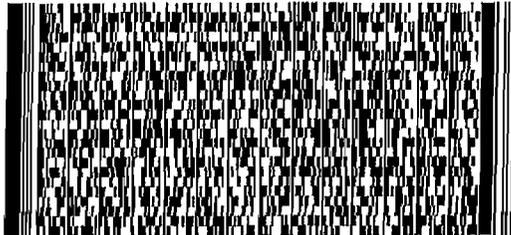


Ref # 01507000014H. Matthew Crusey
Invoice #
PO #
Dept #

SHIP TO: (360)725-7211 BILL SENDER
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Tumwater, WA 985014426

RELEASE#: 3785346

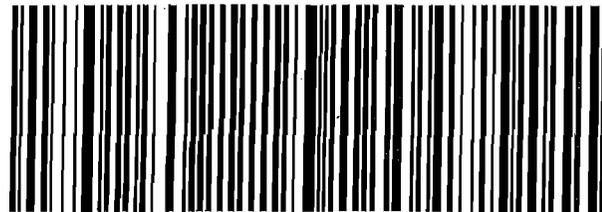


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WED - 17JUN AA
STANDARD OVERNIGHT

98501
WA-US
SEA

XH OLMA



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **Robert Paul Powers**
2. a. Are you a citizen of the United States? **Yes**
b. Are you a citizen of any other country, if so, what country?
3. Affiant's Occupation or Profession. **Insurance Agent/Broker**
4. Affiant's business address. **Robert P. Powers Insurance Agency, 10 Institute Road, Worcester, MA 01609**
Business telephone. **(508) 752- 3701**
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Worcester Junior College	Worcester, MA	1961-1963	No Degree

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
N/A				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
N/A			

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Massachusetts Assoc. of Insurance Agents & Brokers		137 Pennsylvania Avenue, Framingham, MA 01701	800-972-9312
Independent Insurance Agents and Brokers of America		127 South Peyton St, Alexandria, VA 22314	800-221-7917

7. Present or proposed position with the applicant entity. **Director**

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. **See Attached List**

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond? NO If any claims were made on the bond, give details. _____
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO
10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License Division of Insurance Address One South Station

City Boston State/Province MA Country USA Postal Code 02110-2208

License Type Insurance Agency License # 1780256 Date Issued (MM/YY) 12/31/94

Date Expired (MM/YY) 12/09 Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License MA Division of Insurance Address One South Station

City Boston State/Province MA Country USA Postal Code 02110-2208

License Type Individual Broker's License License # 1722545 Date Issued (MM/YY) 9/68

Date Expired (MM/YY) 3/11 Reason for Termination _____

Non-insurance Regulatory Phone Number (if known)

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

Robert P. Powers Insurance Agency and Shea & Poor Insurance Inc.

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

Yes. Robert P. Powers Insurance Agency and Shea & Poor Insurance Inc.

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of June 2009 at ProMutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Robert P. Powers
(Signature of Affiant)

State of MA County of Suffolk

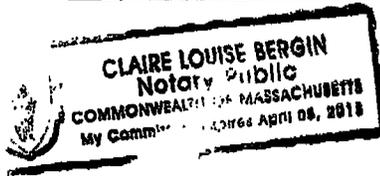
The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By

Robert Powers, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

1. Affiant's Full Name (Initials Not Acceptable). **Robert Paul Powers**
2. Have you ever used any other name including nickname, maiden name or aliases? NO If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number [REDACTED]
4. Government Identification Number if not a U.S. Citizen _____
5. Foreign Student ID# (if applicable) _____
6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Worcester
State/Province MA Country USA
7. Name of Affiant's Spouse (if applicable) **Mary Ann Powers**

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
1978 - Present	[REDACTED]				

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 3rd day of June, 2009 at Pro Mutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

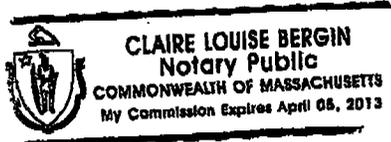
State of Ma County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June, 2009 By Robert Powers, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5 2013
My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS *(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, 101 Arch Street, Boston, MA, 02110, 800-225-6168.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Robert Paul Powers
(Signature)

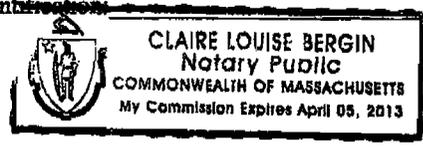
June 3, 2009
(Date)

State of MA County of Suffolk

The foregoing instrument was acknowledged before me this 3rd day of June 2009 By Robert Powers, and

- who is personally known to me, or
- who produced the following identification:

[SEAL]



Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Question 8

2004-present	Shea and Poor Insurance, Inc., 292 Park Ave., Worcester, MA 01609	President
2002-present	ProSelect Insurance Company, ProMutual Group, Inc., ProMutual Insurance Agency, Inc. 101 Arch Street, Boston, MA 02110	Treasurer
1998-present	ProSelect National Insurance Company, 2999 N. 44 th Street, Ste. 250, Phoenix, AZ 85018	Director
1996-present	ProSelect Insurance Company, 101 Arch Street, Boston, MA 02110	Director
1996-present	ProMutual Insurance Agency, 101 Arch Street, Boston, MA 02110	Director
1995-present	R.P. Powers Insurance Agency, Inc., 10 Institute Rd., Worcester, MA 01609	President*
1995-present	ProMutual Group, Inc., 101 Arch Street, Boston, MA 02110	Director
1978-present	Medical Professional Mutual Ins. Co., 101 Arch Street, Boston, MA 02110	Director
1993-1994	A.J. Gallagher & Company, 2 Westboro Business Park, Westboro, MA 01581	Area Sr. V.P.
1973-1993	Stark, Johnson & Stinson, Inc., 32 Franklin St, Worcester, MA 01608	Treasurer

* Contact to verify self-employment:

James E. Griffin, Jr., CPA, MST
Griffin & Company, PC
446 Main Street Worcester Plaza
Worcester, MA 01608
Telephone: 508-752-8160
508-752-8165
Facsimile: 508-752-8167

Applicant Name (Company) Fin Cor Holdings, Inc.

NAIC No. 33111
FEIN: 20-0422158

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

Fin Cor Holdings, Inc.
16215 W. St. Joseph Hwy
Lansing, MI 48917 (517) 323-6198

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). Mary Lynn Ursul

2. a. Are you a citizen of the United States? Yes

b. Are you a citizen of any other country, if so, what country? No

3. Affiant's Occupation or Profession. _____

4. Affiant's business address. 16215 W. St. Joseph Hwy Lansing, MI

Business telephone. 517-886-8390

5. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>New York Univ.</u>	<u>NY, NY</u>	<u>8/79 - 2/81</u>	<u>B.S. - Nursing</u>

Graduate Studies:	College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>Univ. of Detroit</u>	<u>Law</u>	<u>Detroit, MI</u>	<u>8/82 - 5/85</u>	<u>J.D.</u>

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Fin Car Holdings, Inc

NAIC No. 3311

FEIN: 20-0422258

9. a. Have you ever been in a position which required a fidelity bond? NO If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License MI Bd of Nursing Address PO Box 30670

City Lansing State/Province MI Country USA Postal Code 48909-8170

License Type RN License # 4704135233 Date Issued (MM/YY) 03/08

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) 517-335-0918

Organization /Issuer of License State Bar of MI Address 306 Townsend

City Lansing State/Province MI Country USA Postal Code 48933-2012

License Type Attorney License # P38282 Date Issued (MM/YY) 11/85

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) 800-968-1442

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO

Applicant Name (Company) Fin Cor Holdings, Inc

NAIC No. 33111

FEIN: 20-0422258

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. NA

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details. NA

Applicant Name (Company) Fin Cor Holdings, Inc.

NAIC No. 33111
FEIN: 20-0422258

14. Have you ever been adjudged a bankrupt? No If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 22 day of June 2009 at Lansing, MI I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Mary Uhaul
(Signature of Affiant)

State of Michigan County of Eaton

The foregoing instrument was acknowledged before me this 22nd day of June, 2009 By

Mary Uhaul, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Kimberly Anne Bailey
Notary Public
Kimberly Anne Bailey
Printed Notary Name
06/29/2013
My Commission Expires

Kimberly Anne Bailey
Notary Public of Michigan
Shiawassee County
Expires 06/29/2013
Acting in the County of Eaton

Applicant Name (Company) Fin Cor Holdings, Inc.

NAIC No. 33111
FEIN: 20-0422258

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Fin Cor Holdings, Inc.
6215 W. St. Joseph Hwy
Lansing, MI 48917 577-323-6198

1. Affiant's Full Name (Initials Not Acceptable). _____
2. Have you ever used any other name including nickname, maiden name or aliases? Yes If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
<u>11/58 - 10/88</u>	<u>Mary Lynn Lawley</u>	<u>maiden name</u>
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number [REDACTED]
4. Government Identification Number if not a U.S. Citizen None
5. Foreign Student ID# (if applicable) None
6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Saginaw
State/Province Michigan Country USA
7. Name of Affiant's Spouse (if applicable) Daniel Martin Ursul

Applicant Name (Company) FinCor Holdings, Inc.

NAIC No. 33111
FEIN: 20-0422458

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
--------------------------------	---------	------	----------------	---------	-------------

<u>05/03 -</u>					
<u>03/90 - 05/03</u>					

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 22 day of June, 2009 at Lansing, MI I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Mary Ursul
(Signature of Affiant)

State of Michigan County of Eaton

The foregoing instrument was acknowledged before me this 22nd day of June, 2009 By

Mary Ursul, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Kimberly Anne Bailey
Notary Public
Kimberly Anne Bailey
Printed Notary Name
06/29/2013
My Commission Expires

Kimberly Anne Bailey Notary Public of Michigan Shiawassee County Expires 06/29/2013 Acting in the County of <u>Eaton</u>
--

Applicant Name (Company) FinCor Holdings, Inc.

NAIC No. 33111
FEIN: 20-0422257

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of FinCor Holdings, Inc. [insert company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ [insert company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.
Mary L. Ursul _____
(Printed Full Name and Residence Address)

Mary Ursul
(Signature)

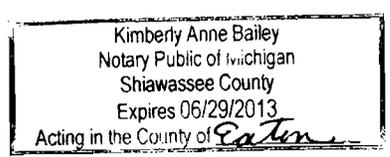
6/22/09
(Date)

State of MI County of Eaton

The foregoing instrument was acknowledged before me this 22nd day of June 2009 By Mary Ursul, and

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Kimberly Anne Bailey
Notary Public
Kimberly Anne Bailey
Printed Notary Name
06/29/2013
My Commission Expires

Applicant Name (Company) FinCor Holdings, Inc.

NAIC No. 33111
FEIN: 20-042225Y

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

FinCor Holdings Inc.

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of FinCor Holdings Inc. [insert company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to _____ [insert company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Mary L. Ursul _____
(Printed Full Name and Residence Address)

Mary Ursul
(Signature)

6/22/09
(Date)

State of MI County of Eaton

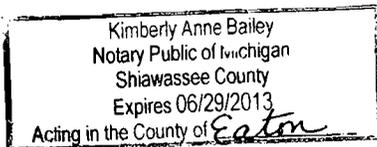
The foregoing instrument was acknowledged before me this 22nd day of June, 20 09 By

Mary Ursul, and

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Kimberly Anne Bailey
Notary Public
Kimberly Anne Bailey
Printed Notary Name
06/29/2013
My Commission Expires

Applicant Name (Company) FinBar Holdings, Inc.

NAIC No. 33111
FEIN: 20-0922258

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

This Disclosure and Authorization is provided to you in connection with a pending application of FinBar Holdings, Inc. (insert company name) ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through _____ [insert name of CRA, address] ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to _____ [insert company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Mary L. Ursal _____
(Printed Full Name and Residence Address)

Mary L. Ursal
(Signature)

6/22/09
(Date)

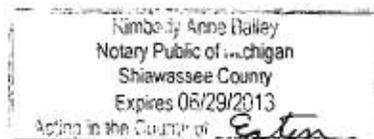
State of MI County of Eaton

The foregoing instrument was acknowledged before me this 22nd day of June, 2009 By Mary L. Ursal, and

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Kimberly Anne Bailey
Notary Public
Kimberly Anne Bailey
Printed Notary Name
06/29/2013
My Commission Expires

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

FOUR TIMES SQUARE
NEW YORK 10036-6522

TEL: (212) 735-3000
FAX: (212) 735-2000
www.skadden.com

FIRM/AFFILIATE OFFICES

BOSTON
CHICAGO
HOUSTON
LOS ANGELES
PALO ALTO
SAN FRANCISCO
WASHINGTON, D.C.
WILMINGTON

BEIJING
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FRANKFURT
HONG KONG
LONDON
MOSCOW
MUNICH
PARIS
SINGAPORE
SYDNEY
TOKYO
TORONTO
VIENNA

RECEIVED

JUN 17 2009

INSURANCE COMMISSIONER
COMPANY SUPERVISION

CONFIDENTIAL

June 16, 2009

VIA FEDERAL EXPRESS OVERNIGHT

Insurance Commissioner of the
State of Washington
5000 Capital Blvd.
Turnwater, Washington 98501

Attention: Mr. Ronald J. Pastuch
Holding Company Manager

Re: Form A Statement Regarding the Proposed Acquisition of
Control of Washington Casualty Company

Dear Mr. Pastuch,

On behalf of Medical Professional Mutual Insurance Company, a mutual medical liability insurance company domiciled in the Commonwealth of Massachusetts (the "Applicant"), enclosed please find one original and one copy of a Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer (the "Application") seeking the approval of the Insurance Commissioner of the State of Washington (the "Commissioner") pursuant to the requirements of 48.31B.015 of the Washington Insurance Code, for the proposed acquisition of control by the Applicant of Washington Casualty Company, a property and casualty insurance company domiciled in the State of Washington (the "Domestic Insurer"). In addition, we have enclosed a compact disc containing a copy of the Application in PDF format. The Domestic Insurer is a direct, wholly-owned subsidiary of FinCor Holdings, Inc., a Michigan company ("FinCor").

The Applicant proposes to acquire control of the Domestic Insurer pursuant to an Agreement and Plan of Merger by and among FinCor, Horizon Merger Corporation, a newly formed Michigan Corporation and a direct, wholly-owned subsidiary of the Applicant ("Merger Sub"), the Applicant and Holders Agent, Inc., a newly formed Michigan Corporation and a direct, wholly-owned

subsidiary of FinCor, dated as of June 3, 2009 (the "Merger Agreement"). Pursuant to the Merger Agreement, at the Effective Time (as defined in the Merger Agreement), Merger Sub will merge with and into FinCor, with FinCor surviving as a direct, wholly-owned subsidiary of the Applicant.

A copy of the Merger Agreement is included as an exhibit to the enclosed Application. Biographical affidavits for the directors and executive officers of the Applicant are included as an exhibit to the Application. In addition, finger print cards and a check in the amount of \$197 are being provided under separate cover to the Commissioner. Finally, we have arranged for Owens Online, Inc. to conduct background checks for the directors and executive officers of the Applicant. The results of the background checks will be provided to the Commissioner by Owens Online, Inc.

The information contained in Exhibit J to the Application and in the "Supplemental Personal Information" portion of the biographical affidavits, which are attached to the Application as Exhibit K, is of a personal nature that is not otherwise available to the public and is being submitted to the Commissioner in confidence. Such information should be afforded confidential treatment and is being provided with the express understanding that the confidentiality of such information will be safeguarded and the directors and executive officers to whom such information relates will be protected from any and all unwarranted invasions of personal privacy pursuant to all applicable provisions of law, including but not limited to, Revised Code of Washington Sections 42.56.070 and 42.56.230.

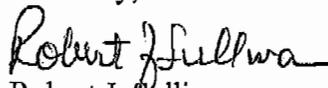
Office of the Insurance Commissioner

June 16, 2009

Page 3

Kindly mark the provided duplicate copy of this letter as "received" and return it to using the enclosed pre-addressed FedEx envelope. Thank you for your attention to this matter. Please contact us if you have any questions or require any additional information.

Sincerely,



Robert J. Sullivan

Enclosures

cc: Janice W. Allegretto, Esq.,
Medical Professional Mutual Insurance Company

Jerry Kindinger, Esq.,
Ryan, Swanson & Cleveland, PLLC

Gordon R. Lewis, Esq.,
Warner Norcross & Judd LLP

From: Origin ID: NYCA (212)735-3000
H. Matthew Crusey
Skadden, Arps, Slate, Meagher & Flom LLP
4 Times Square
24th Floor
New York, NY 10036



Ship Date: 16JUN09
ActWgt: 1 LB
CAD: 8554262/WBUS0200
Account#: S *****

Delivery Address Bar Code



Ref # 01507000014H. Matthew Crusey
Invoice #
PO #
Dept #

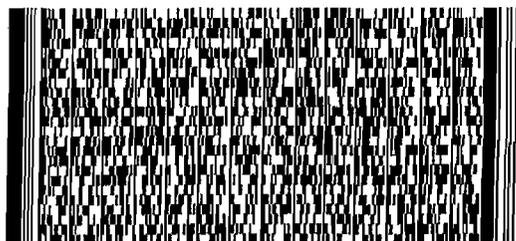
SHIP TO: (360)725-7211 **BILL SENDER**
Ron Pastuch
Insurance Commissioner of the
5000 Capitol Blvd SE

Tumwater, WA 985014426

RELEASE#: 3785346

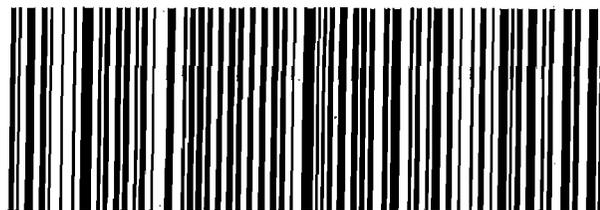
TRK# 7912 3052 1910
0201

WED - 17JUN AA
STANDARD OVERNIGHT



XH OLMA

98501
WA-US
SEA



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **John Joseph Donehue**
2. a. Are you a citizen of the United States? **Yes**
b. Are you a citizen of any other country, if so, what country?
3. Affiant's Occupation or Profession. **Sr. VP, Chief Financial Officer, and Treasurer**
4. Affiant's business address. **101 Arch Street, Boston, MA 02110**

Business telephone. **617-526-0251**
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Northeastern University	Boston, MA	9/65 - 9/70	BS BA

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
N/A				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
N/A			

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206
FEIN: 04-2595783

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>NONE</u>			

7. Present or proposed position with the applicant entity. Senior VP, Chief Financial Officer, and Treasurer

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY) 1/89 - Present Employers' Name ProMutual Group
 Address 101 Arch St City Boston State/Province MA
 Country USA Postal Code 02110 Phone 617-526-0251 Offices/Positions Held Sr VP, CFO & Treasurer
 Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) 4/81 - 1/89 Employer's Name Commercial Union Insurance Company
 Address 1 Beacon St City Boston State/Province MA
 Country USA Postal Code _____ Phone _____ Offices/Positions Held Deputy Controller/Assistant Treasurer
 Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____
 Address _____ City _____ State/Province _____
 Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
 Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____
 Address _____ City _____ State/Province _____
 Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
 Supervisor / Contact _____

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

9. a. Have you ever been in a position which required a fidelity bond? NO If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License NONE Address _____

City _____ State/Province Country Postal Code _____

License Type License # Date Issued (MM/YY)

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 11th day of June 2009 at Pro Mutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of Massachusetts County of Suffolk

The foregoing instrument was acknowledged before me this 11th day of June, 2009 By

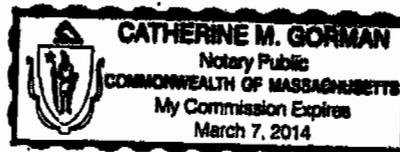
[Signature], and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

[Signature]
Notary Public



Printed Notary Name

My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

1. Affiant's Full Name (Initials Not Acceptable). **John Joseph Donehue**
2. Have you ever used any other name including nickname, maiden name or aliases? NO If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number [REDACTED]
4. Government Identification Number if not a U.S. Citizen _____
5. Foreign Student ID# (if applicable) _____
6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City **Boston**
State/Province **MA** Country **USA**
7. Name of Affiant's Spouse (if applicable) **Juliana Donehue**

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
1984-Present	[REDACTED]				

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 11th day of June, 2009 at Pro Mutual I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of Massachusetts County of Suffolk

The foregoing instrument was acknowledged before me this 11th day of June, 2009 By

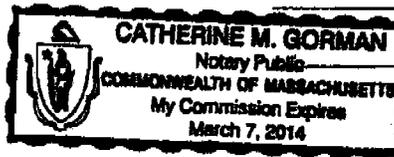
John Donohue, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

[Signature]
Notary Public



Printed Notary Name

My Commission Expires

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, 101 Arch Street, Boston, MA, 02110, 800-225-6168.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

John Joseph Donehue,

J Donehue
(Signature)

6/11/2009
(Date)

State of MA County of Suffolk

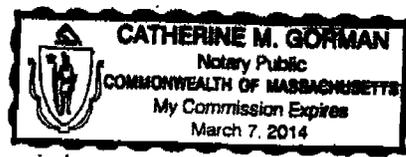
The foregoing instrument was acknowledged before me this 11th day of JUNE 2009 By John Donehue and

who is personally known to me, or

who produced the following identification:

Catherine M. Gorman
Notary Public

[SEAL]



Printed Notary Name

My Commission Expires

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). **Ronald Wayne Dunlap**
2. a. Are you a citizen of the United States? **YES**
- b. Are you a citizen of any other country, if so, what country? **NO**
3. Affiant's Occupation or Profession. **Cardiologist/ Engineer**
4. Affiant's business address. **70 Pleasant St., South Weymouth, MA. 02190**
 Business telephone. **781-331-2000**
5. Education and Training:

original

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
Brown University	Providence, R.I.	09/63 - 06/68	BSEE	
<u>Graduate Studies</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	Tufts University School of Medicine	Boston, MA.	09/68 - 05/73	M.D.
<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>	
Cambridge Hospital (Harvard Med. School)	Cambridge MA	6/73 - 7/74	Internship	
Cambridge Hospital (Harvard Med. School)	Cambridge MA	7/74 - 6/75	Internal Med. Residency	
West Roxbury V.A. Hospital (Harvard Med. School)	Boston MA	7/77 - 6/79	Dept. of Cardiology Fellowship	

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Massachusetts Medical Society</u>		<u>Waltham, MA.</u>	
<u>American Medical Assn.</u>		<u>Chicago, Illinois</u>	
<u>Fellow of American College of Cardiology</u>		<u>Bethesda, MD.</u>	
<u>Heart Rhythm Society</u>		<u>Washington, D.C.</u>	

7. Present or proposed position with the applicant entity. **Director**

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Also see attached list.

Beginning/Ending

Dates (MM/YY) 05/94 - Present

Employers' Name South Shore Cardiology

Address 70 Pleasant St.

City Weymouth

State/Province MA

Country USA

Postal Code 02190

Phone 781-331-2000

Offices/Positions Held Cardiologist

Supervisor / Contact William Calhoun

Beginning/Ending

Dates (MM/YY) 08/92 - 05/94

Employer's Name Comprehensive Cardiology, PC

Address 700 Congress St.

City Quincy

State/Province MA

Country USA

Postal Code

Phone

Offices/Positions Held Partner

Supervisor / Contact Michael Bakerman (Practice Sold)

Beginning/Ending

Dates (MM/YY) 11/76-09/92

Employer's Name: Brockton West Roxbury V.A. Hospital

Address 1400 VFW Parkway

City Boston

State/Province MA

Country USA

Postal Code 02132

Phone 617-323-7700

Offices/Positions Held Cardiologist/MD; Asst. Chief of Medicine

Supervisor / Contact Dr. Arthur Sasahara

Beginning/Ending

Dates (MM/YY) _____ - _____

Employer's Name _____

Address _____

City _____

State/Province _____

Country _____

Postal Code _____

Phone _____

Offices/Positions Held _____

Supervisor / Contact _____

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

- 9. a. Have you ever been in a position which required a fidelity bond? If any claims were made on the bond, give details. NO
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO
- 10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License Board of Registration in Medicine Commonwealth of Massachusetts Address _____

City Boston State/Province MA Country USA Postal Code _____

License Type _____ License # 40317 Date Issued (MM/YY) 12/20/08 renewed

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

- 11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
 - a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO
 - b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO
 - c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO
 - d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO
 - e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses NO
 - f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
 - g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country

regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? YES

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Boston Trade Bank failed in 1989. The bank failed to rewrite a commercial loan. Property foreclosure by the Bank. Bank closed by the FDIC. Settlement reached with the FDIC in 1994. Settlement amount of \$70,000 paid in full in 1999.

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. N/A

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed 16th day of June 2009 at 70 Pleasant St. I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Ronald Wayne Dunlap
(Signature of Affiant)

State of Massachusetts County of Norfolk

The foregoing instrument was acknowledged before me this 8th day of July 2009 By

Ronald Dunlap, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5 2013
My Commission Expires

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Medical Professional Mutual Insurance Company (d/b/a ProMutual)
101 Arch Street
Boston, Massachusetts 02110-1129

1. Affiant's Full Name (Initials Not Acceptable). **Ronald Wayne Dunlap**
2. Have you ever used any other name including nickname, maiden name or aliases? NO If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number **██████████**
4. Government Identification Number if not a U.S. Citizen
5. Foreign Student ID# (if applicable)
6. Date of Birth (MM/DD/YY) **██████████** Place of Birth: City Newark
State/Province New Jersey Country USA
7. Name of Affiant's Spouse (if applicable) Bonnie G. Dunlap

Applicant Name (Company) Medical Professional Mutual Insurance Company

NAIC No. 10206

FEIN: 04-2595783

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
12/01 – Present	[REDACTED]				
10/00 – 12/01	[REDACTED]				
02/81 – 10/00	[REDACTED]				

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 16th day 2009 at Weymouth, MA I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Ronald Wayne Dunlap
(Signature of Affiant)

State of Massachusetts County of Norfolk

The foregoing instrument was acknowledged before me this 16th day of July 2009 By

Ronald Dunlap, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5 2013
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*All states except California, Minnesota and Oklahoma*)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ProMutual or an affiliate ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact ProMutual Group, Legal Department, [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Ronald Wayne Dunlap, [REDACTED]
Ronald Wayne Dunlap (Signature) July 8, 2009 (Date)

State of MA County of Norfolk

The foregoing instrument was acknowledged before me this 8th day of July 2009 By Ronald Dunlap and

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Claire Louise Bergin
Notary Public
Claire Louise Bergin
Printed Notary Name
April 5, 2013
My Commission Expires

Question 8

ACADEMIC APPOINTMENTS:

1973-75 Clinical Fellow in Medicine, Harvard Medical School
1977-79
1979-Present Instructor in Medicine, Harvard Medical School

Hospital Appointments:

1973-75 The Cambridge Hospital, Cambridge, MA.
1977-93 Brockton-W. Roxbury V.A. Hospital, Boston, MA.
1979-92 Associate, Brigham & Womens Hospital, Boston, MA
1978-1996 Emerson Hospital, Concord, MA.
1978-2000 Metrowest, Leonard Morse Hospital, Natick, MA.
1989-1991 Winchester Hospital, Winchester, MA.
1990-1995 Marlborough Hospital, Marlborough, MA.
1992-Present South Shore Hospital, Weymouth, MA.
1992-1997 Quincy Hospital, Quincy, MA.
1992-Present Beth Israel Deaconess Hospital, Boston, MA.
1993-2001 Associate Staff, Boston Medical Center, Boston, MA.

Major Committee Assignments:

1979-1992 Attending Cardiac Cath Lab, Brockton-W. Roxbury V.A. Hosp.
1979-1992 Attending Cardiac Non-invasive Laboratory and Cardiac Nuclear Medicine
1978-1993 Emergency Room Physician, Emerson Hospital, Concord, MA.
1984-1988 Pharmacy Committee, W. Roxbury V.A. Hosp.
1994-Present Pharmacy Committee, South Shore Hosp.
1984-92 Director, Intensive Care Unit, Brockton-W. Roxbury V.A. Hosp.
1984-1992 Director Cardiac Rehabilitation Program and Stress Lab. V.A. Hospital
1984-1991 Emergency Medical Care Committee, West Roxbury V.A. Hosp.
1984-1989 Director I.C.U. Physician Program, Emerson Hospital, Concord, MA.
1986-1988 Assistant Chief of Medicine, Brockton-W. Roxbury V.A. Hospital, Boston, MA.
1989-1991 Director Pacemaker Implantation Program, Attending EP Service Brockton-W. Roxbury V.A. Hosp.
1993-1995 Cardiac Cath Lab Committee, Quincy Hosp.
1992-1996 Cardiac Cath Lab Committee, South Shore Hosp.
1994-Present Critical Care Committee, South Shore Hosp.
1996-Present Pharmacy Committee, South Shore Hosp.
1992-Present Attending Cardiac Cath Lab, Beth Israel Deaconess Hosp.
1993-94 Attending Cardiac Cath Lab, Boston Medical Center
2003-Present Massachusetts Medical Society Delegate, Norfolk South District
2005-Present Chest Pain Center Committee, South Shore Hospital
2008-Present Strategic Planning Committee, Massachusetts Medical Society
2007-Present Information Technology Committee, MMS
2006-Present Diversity Committee, MMS

Professional Organizations:

Fellow American College of Cardiology
Massachusetts Medical Society
American Heart Association, American Medical Assn.
Heart Rhythm Society

OTHER PROFESSIONAL APPOINTMENTS:

1966-67	Engineering Assistant, Brown University Microwave Engineering Laboratory -Student Assistant
1966-1968	Biomedical Engineer-National Institutes of Health, Bethesda, MD. U.S. Public Health Service. Design and development of biomedical electronic equipment for cardiac research. M.I.R.U. Project
1969-1973	Project Engineer & Consultant, Medical Electronics Div. of Hewlett Packard Co., Waltham, MA. Design of medical equipment for use in intensive cardio-pulmonary monitoring. Development of low noise patient cables and electrode interfaces for the telemetry and exercise groups and neonatal apnea monitoring.
1970-1978	Dunlap Clarke Electronics, Inc.,C.E.O., Director of Sales, Marketing R& D, and Production.
1975-76	N.I.H. Site review team, Medical-Engineering , Consultant, Sudden Infant Death Project
1975-76	West Roxbury V.A. Hosp. - Attending Ambulatory Care Section, Dept. of Medicine, Boston, MA.
1969-1978	President and Director, Dunlap-Clarke Electronics, Waltham, MA. Development & Design of Professional and consumer audio equipment. In charge of marketing, production, research & development, Development of a national and international sales network. Biomedical Engineering Consultant
1986-93	Board of Directors, Access T.C.A., Whitinsville, MA. Primary business - Design and construction of marketing and sales displays for point of purchase use and trade shows.
1986-1999	Managing Partner, Acromed Associates Real Estate Development
1992-1994	Comprehensive Cardiology, P.C., Quincy, MA. Cardiology Practice
1994-Present	South Shore Cardiology, P.C. Cardiology Practice, Weymouth, MA.
2001-Present	Director of Technical Co-ordination, CliniSolutions Corp. Practice Management Medical EMR software development.
2006-Present	President, Norfolk South Massachusetts Medical Society
2008-Present	Board of Trustees, Massachusetts Medical Society
2009	Advisory Board, MyPH.com Preventive Health Web Site
2009	Partner in a newly formed entity, Provident Health. Medical Software not yet incorporated.