ANNUAL STATEMENT

OF THE

_____

_____

_____

For Reference Only

_____

of _____

in the state of _____

TO THE

Insurance Department

OF THE

STATE OF

FOR THE YEAR ENDED
DECEMBER 31, 2008

PROPERTY AND CASUALTY

2008

For Reference Only

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.....
Affix Bar Code Above

ANNUAL STATEMENT

For the Year Ended December 31, 2008

OF THE CONDITION AND AFFAIRS OF THE

_____

NAIC Group Code_____, _____ NAIC Company Code _____ Employer's ID Number _____
(Current Period) (Prior Period)

Organized under the Laws of_____, State of Domicile or Port of Entry_____

Country of Domicile_____

Incorporated/Organized_____ Commenced Business_____

Statutory Home Office_____, _____
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office_____
(Street and Number)

_____ _____
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address_____, _____
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records_____
(Street and Number)

_____ _____
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address_____

Statutory Statement Contact_____
(Name) (Area Code) (Telephone Number) (Extension)

_____
(E-Mail Address) (Fax Number)

For Reference Only

OFFICERS

	Name	Title		Name	Title
1.	_____,	_____		_____,	_____
2.	_____,	_____	Other	_____,	_____
3.	_____,	_____		_____,	_____
4.	_____,	_____		_____,	_____

DIRECTORS OR TRUSTEES

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State of .....
County of ..... ss

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

_____	_____	_____
(Signature)	(Signature)	(Signature)
_____	_____	_____
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
_____	_____	_____
(Title)	(Title)	(Title)

a. Is this an original filing? Yes [ ] No [ ]
b. If no:
1. State the amendment number .....
2. Date filed .....
3. Number of pages attached .....

Subscribed and sworn to before me
this .....day of. ....., 2009
……

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ASSETS

	Current Year 1 Assets	Current Year 2 Nonadmitted Assets	Current Year 3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)				
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $..... encumbrances)				
4.2 Properties held for the production of income (less $..... encumbrances)				
4.3 Properties held for sale (less $..... encumbrances)				
5. Cash ($....., Schedule E-Part 1), cash equivalents ($....., Schedule E-Part 2) and short-term investments ($....., Schedule DA)				
6. Contract loans (including $..... premium notes)				
7. Other invested assets (Schedule BA)				
8. Receivables for securities				
9. Aggregate write-ins for invested assets				
10. Subtotals, cash and invested assets (Lines 1 to 9)				
11. Title plants less $.....charged off (for Title insurers only)				
12. Investment income due and accrued				
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection				
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $..... earned but unbilled premiums)				
13.3 Accrued retrospective premiums				
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers				
14.2 Funds held by or deposited with reinsured companies				
14.3 Other amounts receivable under reinsurance contracts				
15. Amounts receivable relating to uninsured plans				
16.1 Current federal and foreign income tax recoverable and interest thereon				
16.2 Net deferred tax asset				
17. Guaranty funds receivable or on deposit				
18. Electronic data processing equipment and software				
19. Furniture and equipment, including health care delivery assets ($.....)				
20. Net adjustment in assets and liabilities due to foreign exchange rates				
21. Receivables from parent, subsidiaries and affiliates				
22. Health care ($.....) and other amounts receivable				
23. Aggregate write-ins for other than invested assets				
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)				
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26. Total (Lines 24 and 25)				
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page				
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				

For Reference Only

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Year	2 Prior Year
1.	Losses (Part 2A, Line 35, Column 8)		
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)		
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)		
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including $……. on realized capital gains (losses))		
7.2	Net deferred tax liability		
8.	Borrowed money $……and interest thereon $		
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of $……..…..and including warranty reserves of $……...)		
10.	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (Schedule F, Part 7)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Payable for securities		
21.	Liability for amounts held under uninsured plans		
22.	Capital notes $……..and interest thereon $……..		
23.	Aggregate write-ins for liabilities		
24.	Total liabilities excluding protected cell liabilities (Lines 1 through 23)		
25.	Protected cell liabilities		
26.	Total liabilities (Lines 24 and 25)		
27.	Aggregate write-ins for special surplus funds		
28.	Common capital stock		
29.	Preferred capital stock		
30.	Aggregate write-ins for other than special surplus funds		
31.	Surplus notes		
32.	Gross paid in and contributed surplus		
33.	Unassigned funds (surplus)		
34.	Less treasury stock, at cost:		
	34.1 …….. shares common (value included in Line 28 $……..)		
	34.2 …….. shares preferred (value included in Line 29 $……..)		
35.	Surplus as regards policyholders (Lines 27 to 33, less 34) (Page 4, Line 39)		
36.	Totals (Page 2, Line 26, Col. 3)		
DETAILS OF WRITE-INS			
2301.			
2302.			
2303.			
2398.	Summary of remaining write-ins for Line 23 from overflow page		
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)		
2701.			
2702.			
2703.			
2798.	Summary of remaining write-ins for Line 27 from overflow page		
2799.	Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)		
3001.			
3002.			
3003.			
3098.	Summary of remaining write-ins for Line 30 from overflow page		
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)		

For Reference Only

STATEMENT OF INCOME

UNDERWRITING INCOME	1 Current Year	2 Prior Year
1. Premiums earned (Part 1, Line , 35 Column 4)		
DEDUCTIONS:		
2. Losses incurred (Part 2, Line , 35 Column 7)		
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)		
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)		
5. Aggregate write-ins for underwriting deductions		
6. Total underwriting deductions (Lines 2 through 5)		
7. Net income of protected cells		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)		
10. Net realized capital gains (losses) less capital gains tax of $…….(Exhibit of Capital Gains (Losses))		
11. Net investment gain (loss) (Lines 9 + 10)		
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered $ ..... amount charged off $.....)		
13. Finance and service charges not included in premiums		
14. Aggregate write-ins for miscellaneous income		
15. Total other income (Lines 12 through 14)		
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8+11+15)		
17. Dividends to policyholders		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)		
19. Federal and foreign income taxes incurred		
20. Net income (Line 18 minus Line 19) (to Line 22)		
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)		
22. Net income (from Line 20)		
23. Net transfers (to) from Protected Cell accounts		
24. Change in net unrealized capital gains or (losses) less capital gains tax of $		
25. Change in net unrealized foreign exchange capital gain (loss)		
26. Change in net deferred income tax		
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26, Col. 3)		
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
29. Change in surplus notes		
30. Surplus (contributed to) withdrawn from protected cells		
31. Cumulative effect of changes in accounting principles		
32. Capital changes:		
32.1 Paid in		
32.2 Transferred from surplus (Stock Dividend)		
32.3 Transferred to surplus		
33. Surplus adjustments:		
33.1 Paid in		
33.2 Transferred to capital (Stock Dividend)		
33.3 Transferred from capital		
34. Net remittances from or (to) Home Office		
35. Dividends to stockholders		
36. Change in treasury stock (Page 3, Lines 34.1 and 34.2, Column 2 minus Column 1)		
37. Aggregate write-ins for gains and losses in surplus		
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)		
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 35)		
DETAILS OF WRITE-INS		
0501.		
0502.		
0503.		
0598. Summary of remaining write-ins for Line 5 from overflow page		
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)		
1401.		
1402.		
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page		
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		
3701.		
3702.		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page		
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)		

For Reference Only

CASH FLOW

	Cash from Operations	1 Current Year	2 Prior Year
1.	Premiums collected net of reinsurance		
2.	Net investment income		
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)		
5.	Benefit and loss related payments		
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions		
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $……. tax on capital gains (losses)		
10.	Total (Lines 5 through 9)		
11.	Net cash from operations (Line 4 minus Line 10)		
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)		
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)		
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year		
	19.2 End of year (Line 18 plus Line 19.1)		

For Reference Only

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001		
20.0002		
20.0003		
20.9996		

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 – PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year- per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire				
2. Allied lines				
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril				
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine				
10. Financial guaranty				
11.1 Medical malpractice—occurrence				
11.2 Medical malpractice—claims-made				
12. Earthquake				
13. Group accident and health				
14. Credit accident and health (group and individual)				
15. Other accident and health				
16. Workers' compensation				
17.1 Other liability—occurrence				
17.2 Other liability—claims-made				
18.1 Products liability—occurrence				
18.2 Products liability—claims-made				
19.1,19.2 Private passenger auto liability				
19.3,19.4 Commercial auto liability				
21. Auto physical damage				
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft				
27. Boiler and machinery				
28. Credit				
29. International				
30. Warranty				
31. Reinsurance-Nonproportional Assumed Property				
32. Reinsurance-Nonproportional Assumed Liability				
33. Reinsurance-Nonproportional Assumed Financial Lines				
34. Aggregate write-ins for other lines of business				
35. TOTALS				
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)				

For Reference Only

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1A – RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1+2+3+4
1. Fire					
2. Allied lines					
3. Farmowners multiple peril					
4. Homeowners multiple peril					
5. Commercial multiple peril					
6. Mortgage guaranty					
8. Ocean marine					
9. Inland marine					
10. Financial guaranty					
11.1 Medical malpractice—occurrence					
11.2 Medical malpractice—claims-made					
12. Earthquake					
13. Group accident and health					
14. Credit accident and health (group and individual)					
15. Other accident and health					
16. Workers' compensation					
17.1 Other liability—occurrence					
17.2 Other liability—claims-made					
18.1 Products liability—occurrence					
18.2 Products liability—claims-made					
19.1,19.2 Private passenger auto liability					
19.3,19.4 Commercial auto liability					
21. Auto physical damage					
22. Aircraft (all perils)					
23. Fidelity					
24. Surety					
26. Burglary and theft					
27. Boiler and machinery					
28. Credit					
29. International					
30. Warranty					
31. Reinsurance-Nonproportional Assumed Property					
32. Reinsurance-Nonproportional Assumed Liability					
33. Reinsurance-Nonproportional Assumed Financial Lines					
34. Aggregate write-ins for other lines of business					
35. TOTALS					
36. Accrued retrospective premiums based on experience					
37. Earned but unbilled premiums					
38. Balance (Sum of Lines 35 through 37)					
DETAILS OF WRITE-INS					
3401.					
3402.					
3403.					
3498. Sum. of remaining write-ins for Line 34 from overflow page					
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)					

(a) State here basis of computation used in each case

For Reference Only

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1B – PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed 2 From Affiliates	 3 From Non-Affiliates	Reinsurance Ceded 4 To Affiliates	 5 To Non-Affiliates	6 Net Premiums Written Cols. 1+2+3-4-5
1. Fire						
2. Allied lines						
3. Farmowners multiple peril						
4. Homeowners multiple peril						
5. Commercial multiple peril						
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine						
10. Financial guaranty						
11.1 Medical malpractice—occurrence						
11.2 Medical malpractice—claims-made						
12. Earthquake						
13. Group accident and health						
14. Credit accident and health (group and individual)						
15. Other accident and health						
16. Workers' compensation						
17.1 Other liability—occurrence						
17.2 Other liability—claims-made						
18.1 Products liability—occurrence						
18.2 Products liability—claims-made						
19.1,19.2 Private passenger auto liability						
19.3,19.4 Commercial auto liability						
21. Auto physical damage						
22. Aircraft (all perils)						
23. Fidelity						
24. Surety						
26. Burglary and theft						
27. Boiler and machinery						
28. Credit						
29. International						
30. Warranty						
31. Reinsurance-Nonproportional Assumed Property	XXX					
32. Reinsurance-Nonproportional Assumed Liability	XXX					
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX					
34. Aggregate write-ins for other lines of business						
35. TOTALS						
DETAILS OF WRITE-INS						
3401.						
3402.						
3403.						
3498. Sum. of remaining write-ins for Line 34 from overflow page						
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)						

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ ]

If yes: 1. The amount of such installment premiums $.....

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis $.....

For Reference Only

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 – LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage 1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)	5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire								
2. Allied lines								
3. Farmowners multiple peril								
4. Homeowners multiple peril								
5. Commercial multiple peril								
6. Mortgage guaranty								
8. Ocean marine								
9. Inland marine								
10. Financial guaranty								
11.1 Medical malpractice—occurrence								
11.2 Medical malpractice—claims-made								
12. Earthquake								
13. Group accident and health								
14. Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation								
17.1 Other liability—occurrence								
17.2 Other liability—claims-made								
18.1 Products liability—occurrence								
18.2 Products liability—claims-made								
19.1, 19.2 Private passenger auto liability								
19.3, 19.4 Commercial auto liability								
21. Auto physical damage								
22. Aircraft (all perils)								
23. Fidelity								
24. Surety								
26. Burglary and theft								
27. Boiler and machinery								
28. Credit								
29. International								
30. Warranty								
31. Reinsurance- Nonproportional Assumed Property	XXX							
32. Reinsurance- Nonproportional Assumed Liability	XXX							
33. Reinsurance- Nonproportional Assumed Financial Lines	XXX							
34. Aggregate write-ins for other lines of business								
35. TOTALS								
DETAILS OF WRITE-INS								
3401.								
3402.								
3403.								
3498. Sum. of remaining write-ins for Line 34 from overflow page								
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above)								

For Reference Only

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A – UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

	Reported Losses				Incurred But Not Reported			8	9
	1	2	3	4	5	6	7		
Line of Business	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	Net Losses Excl. Incurred But Not Reported (Cols. 1+2-3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1. Fire									
2. Allied lines									
3. Farmowners multiple peril									
4. Homeowners multiple peril									
5. Commercial multiple peril									
6. Mortgage guaranty									
8. Ocean marine									
9. Inland marine									
10. Financial guaranty									
11.1 Medical malpractice—occurrence									
11.2 Medical malpractice—claims-made									
12. Earthquake									
13. Group accident and health								(a)	
14. Credit accident and health (group and individual)									
15. Other accident and health								(a)	
16. Workers' compensation									
17.1 Other liability—occurrence									
17.2 Other liability—claims-made									
18.1 Products liability—occurrence									
18.2 Products liability— claims-made									
19.1, 19.2 Private passenger auto liability									
19.3, 19.4 Commercial auto liability									
21. Auto physical damage									
22. Aircraft (all perils)									
23. Fidelity									
24. Surety									
26. Burglary and theft									
27. Boiler and machinery									
28. Credit									
29. International									
30. Warranty									
31. Reinsurance- Nonproportional Assumed Property	XXX				XXX				
32. Reinsurance- Nonproportional Assumed Liability	XXX				XXX				
33. Reinsurance- Nonproportional Assumed Financial Lines	XXX				XXX				
34. Aggregate write-ins for other lines of business									
35. TOTALS									
DETAILS OF WRITE-INS									
3401.									
3402.									
3403.									
3498. Sum. of remaining write-ins for Line 34 from overflow page									
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above)									

(a) Including $.....for present value of life indemnity claims.

For Reference Only

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 – EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct				
1.2 Reinsurance assumed				
1.3 Reinsurance ceded				
1.4 Net claim adjustment services (1.1+1.2-1.3)				
2. Commission and brokerage:				
2.1 Direct, excluding contingent				
2.2 Reinsurance assumed, excluding contingent				
2.3 Reinsurance ceded, excluding contingent				
2.4 Contingent—direct				
2.5 Contingent—reinsurance assumed				
2.6 Contingent—reinsurance ceded				
2.7 Policy and membership fees				
2.8 Net commission and brokerage (2.1+2.2-2.3+2.4+2.5-2.6+2.7)				
3. Allowances to manager and agents				
4. Advertising				
5. Boards, bureaus and associations				
6. Surveys and underwriting reports				
7. Audit of assureds' records				
8. Salary and related items:				
8.1 Salaries				
8.2 Payroll taxes				
9. Employee relations and welfare				
10. Insurance				
11. Directors' fees				
12. Travel and travel items				
13. Rent and rent items				
14. Equipment				
15. Cost or depreciation of EDP equipment and software				
16. Printing and stationery				
17. Postage, telephone and telegraph, exchange and express				
18. Legal and auditing				
19. Totals (Lines 3 to 18)				
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of $				
20.2 Insurance department licenses and fees				
20.3 Gross guaranty association assessments				
20.4 All other (excluding federal and foreign income and real estate)				
20.5 Total taxes, licenses and fees (20.1+20.2+20.3+20.4)				
21. Real estate expenses				
22. Real estate taxes				
23. Reimbursements by uninsured plans				
24. Aggregate write-ins for miscellaneous expenses				
25. Total expenses incurred				(a)
26. Less unpaid expenses—current year				
27. Add unpaid expenses—prior year				
28. Amounts receivable relating to uninsured plans, prior year				
29. Amounts receivable relating to uninsured plans, current year				
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)				
DETAILS OF WRITE-INS				
2401.				
2402.				
2403.				
2498. Summary of remaining write-ins for Line 24 from overflow page				
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)				

(a) Includes management fees of $..... to affiliates and $..... to non-affiliates.

For Reference Only

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U. S. Government bonds	(a)	
1.1	Bonds exempt from U. S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e)	
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income		
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)		
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)		
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503) plus 1598 (Line 15, above)		

For Reference Only

(a) Includes $ _____ accrual of discount less $_____ amortization of premium and less $ _____ paid for accrued interest on purchases.
(b) Includes $ _____ accrual of discount less $_____ amortization of premium and less $ _____ paid for accrued dividends on purchases.
(c) Includes $ _____ accrual of discount less $_____ amortization of premium and less $ _____ paid for accrued interest on purchases.
(d) Includes $ _____ for company's occupancy of its own buildings; and excludes $_____ interest on encumbrances.
(e) Includes $ _____ accrual of discount less $_____ amortization of premium and less $ _____ paid for accrued interest on purchases.
(f) Includes $ _____ accrual of discount less $_____ amortization of premium.
(g) Includes $ _____ investment expenses and $ _____ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $ _____ interest on surplus notes and $_____ interest on capital notes.
(i) Includes $ _____ depreciation on real estate and $_____ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U. S. Government bonds					
1.1	Bonds exempt from U. S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)					
DETAILS OF WRITE-INS						
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)					

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EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Other invested assets (Schedule BA)			
8. Receivables for securities			
9. Aggregate write-ins for invested assets			
10. Subtotals, cash and invested assets (Lines 1 to 9)			
11. Title plants (for Title insurers only)			
12. Investment income due and accrued			
13. Premiums and considerations:			
13.1 Uncollected premiums and agents' balances in the course of collection			
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.			
13.3 Accrued retrospective premiums			
14. Reinsurance:			
14.1 Amounts recoverable from reinsurers			
14.2 Funds held by or deposited with reinsured companies			
14.3 Other amounts receivable under reinsurance contracts			
15. Amounts receivable relating to uninsured plans			
16.1 Current federal and foreign income tax recoverable and interest thereon			
16.2 Net deferred tax asset			
17. Guaranty funds receivable or on deposit			
18. Electronic data processing equipment and software			
19. Furniture and equipment, including health care delivery assets			
20. Net adjustment in assets and liabilities due to foreign exchange rates			
21. Receivables from parent, subsidiaries and affiliates			
22. Health care and other amounts receivable			
23. Aggregate write-ins for other than invested assets			
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)			
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26. Total (Lines 24 and 25)			
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998. Summary of remaining write-ins for Line 9 from overflow page			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)			
2301.			
2302.			
2303.			
2398. Summary of remaining write-ins for Line 23 from overflow page			
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)			

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NOTES TO FINANCIAL STATEMENTS

Line Number	Description
01A01	Net income (state basis)
01A0201-01A0296	State prescribed practices (income)
01A0301-01A0396	State permitted practices (income)
01A04	Net income, NAIC SAP basis
01A05	Statutory surplus (state basis)
01A0601-01A0696	State prescribed practices (surplus)
01A0701-01A0796	State permitted practices (surplus)
01A08	Statutory surplus, NAIC SAP basis
0405A	Cash (included in Line 5 Assets)
0405B	Totals (included in Line 26 Assets)
0405C	Total liabilities (included in Line 23 Liabilities, Surplus and Other Funds)
0405D	Surplus (included in Line 27 Liabilities, Surplus and Other Funds)
0405E	Total (included in Line 31 Liabilities, Surplus and Other Funds)
0405F	Premiums (included in Line 1 Summary of Operations)
0405G	Increase in aggregate reserves for accident and health (current year less prior year) (included in Line 17 Summary of Operations)
0405H	Federal and foreign income taxes incurred
0405I	Net realized capital gains (losses) (included in Line 30 Summary of Operations)
0405J	Net income (included in Line 31 Summary of Operations)
05A0201-05A0296	Reduction of interest rates of outstanding mortgage loans as follows
05A04	As of year end, the reporting entity held mortgages with interest more than 180 days past due with a recorded investment, excluding accrued interest
05A04A	Total interest due on mortgages with interest more than 180 days past due
05A05	Taxes, assessments and any amounts advanced and not included in the mortgage loan total
05A06	Current year impaired loans with a related allowance for credit losses
05A06A	Related allowance for credit losses
05A07	Impaired mortgage loans without an allowance for credit losses
05A08	Average recorded investment in impaired loans
05A09	Interest income recognized during the period the loans were impaired
05A10	Amount of interest income recognized on a cash basis during the period the loans were impaired
05A11A	Balance at beginning of period (allowance for credit losses)
05A11B	Additions charged to operations (allowance for credit losses)
05A11C	Direct write-downs charged against the allowances (allowance for credit losses)
05A11D	Recoveries of amounts previously charged off (allowance for credit losses)
05A11E	Balance at end of period (allowance for credit losses)
05B01	The total recorded investment in restructured loans, as of year end
05B02	The realized capital losses related to these loans
05B03	Total contractual commitments to extend credit to debtors owning receivables whose terms have been modified in troubled debt restructurings

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09A01	Total of gross deferred tax assets
09A02	Total of deferred tax liabilities
09A03	Net deferred tax asset (liability)
09A04	Deferred tax asset nonadmitted
09A05	Net admitted deferred tax asset
09A06	(Increase) decrease in nonadmitted assets
10E	An affiliated real estate development company a standing commitment in the form of loan guarantees not to exceed $(1) in event of a loan default
12A01A	Benefit obligation at beginning of year (change in benefit obligation)
12A01B	Service cost (change in benefit obligation)
12A01C	Interest cost (change in benefit obligation)
12A01D	Contribution by plan participants (change in benefit obligation)
12A01E	Actuarial gain (loss) (change in benefit obligation)
12A01F	Foreign currency exchange rate changes (change in benefit obligation)
12A01G	Benefits paid (change in benefit obligation)
12A01H	Plan amendments (change in benefit obligation)
12A01I	Business combinations, divestitures, curtailments, settlements and special termination benefits (change in benefit obligation)
12A01J	Benefit obligation at end of year (change in benefit obligations)
12A02A	Fair value of plan assets at beginning of year (change in plan assets)
12A02B	Actual return on plan assets (change in plan assets)
12A02C	Foreign currency exchange rate changes (change in plan assets)
12A02D	Employer contribution (change in plan assets)
12A02E	Plan participants' contributions (change in plan assets)
12A02F	Benefits paid (change in plan assets)
12A02G	Business combinations, divestitures and settlements (change in plan assets)
12A02H	Fair value of plan assets at end of year (change in plan assets)
12A03A	Unamortized prior service cost (funded status)
12A03B	Unrecognized net gain or (loss) (funded status)
12A03C	Remaining net obligation or net asset at initial date of application (funded status)
12A03D	Prepaid assets or accrued liabilities (funded status)
12A03E	Intangible asset (funded status)
12A04	Accumulated benefit obligation for vested employees and partialy vested employees to the extent vested
12A05A	Projected pension obligation (non-vested employees)
12A05B	Accumulated benefit obligation (non-vested employees)
12A06A	Service cost (components of net periodic benefit cost)
12A06B	Interest cost (components of net periodic benefit cost)
12A06C	Expected return on plan assets (components of net periodic benefit cost)
12A06D	Amortization of unrecognized transition obligation or transition asset (components of net periodic benefit cost)
12A06E	Amount of recognized gains and losses (components of net periodic benefit cost)
12A06F	Amount of prior service cost recognized (components of net periodic benefit cost)
12A06G	Amount of gain or loss recognized due to a settlement or curtailment (components of net periodic benefit cost)
12A06H	Total net periodic benefit cost (components of net periodic benefit cost)
12A08A	Weighted average discount rate (weighted-average assumptions used to determine net periodic benefit cost as of December 31)
12A08B	Expected long-term rate of return on plan assets (weighted-average assumptions used to determine net periodic benefit cost as of

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	December 31)
12A08C	Rate of compensation increase (weighted-average assumptions used to determine net periodic benefit cost as of December 31)
12A08D	Weighted average discount rate (weighted average assumptions used to determine projected benefit obligations as of December 31)
12A08E	Rate of compensation increase (weighted average assumptions used to determine projected benefit obligations as of December 31)
12A11A	Effect on total of service and interest cost components
12A11B	Effect on postretirement benefit obligation
12A12A	Debt securities (defined benefit pension plan asset allocation)
12A12B	Equity securities (defined benefit pension plan asset allocation)
12A12C	Real estate (defined benefit pension plan asset allocation)
12A12D	Other (defined benefit pension plan asset allocation)
12A12E	Total (defined benefit pension plan asset allocation)
12A13A	2009 (estimated future payments)
12A13B	2010 (estimated future payments)
12A13C	2011 (estimated future payments)
12A13D	2012 (estimated future payments)
12A13E	2013 (estimated future payments)
12A13F	Thereafter total (estimated future payments)
1310	Cumulative unrealized gains and losses (portion of unassigned funds (surplus) represented by)
1311001-1311996	
1311999	Total surplus debentures or similar obligations
1312001-1312996	Impact of any restatement due to prior quasi-reorganization by year
14A01	Total contingent liabilities
14D01	Amount claims related to extra contractual obligations and bad faith losses paid during the reporting period
14D02	Range of claims: (A) 0-25; (B) 26-50; (C) 51-100; (D) 101-500; (E) more than 500 claims
14D03	Indicate whether claim count information is disclosed: (F) per claim or (G) per claimantl
15A02A1	2009 (year ending December 31)
15A02A2	2010 (year ending December 31)
15A02A3	2011 (year ending December 31)
15A02A4	2012 (year ending December 31)
15A02A5	2013 (year ending December 31)
15A02A6	Total (year ending December 31)
15B01C1	2009 (year ending December 31)
15B01C2	2010 (year ending December 31)
15B01C3	2011 (year ending December 31)
15B01C4	2012 (year ending December 31)
15B01C5	2013 (year ending December 31)
15B01C6	Total (year ending December 31)
15B02B1	Income from leveraged leases before income tax including investment tax credit (in thousands)
15B02B2	Less current income tax (in thousands)
15B02B3	Net income from leveraged leases (in thousands)
15B02C1	Lease contracts receivable (net of principal and interest on non-recourse financing) (in thousands)
15B02C2	Estimated residual value of leased assets (in thousands)
15B02C3	Unearned and deferred income (in thousands)
15B02C4	Investment in leveraged leases (in thousands)
15B02C5	Deferred income taxes related to leveraged leases (in thousands)
15B02C6	Net investment in leveraged leases (in thousands)
1601A	Swaps (face amount of financial instruments with off-balance sheet risk)
1601B	Futures (face amount of financial instruments with off-balance sheet risk)
1601C	Options (face amount of financial instruments with off-balance

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	sheet risk)
1601D	Total (face amount of financial instruments with off-balance sheet risk)
17C02A	NAIC 3 (bonds)
17C02B	NAIC 4 (bonds)
17C02C	NAIC 5 (bonds)
17C02D	NAIC 6 (bonds)
17C02E	NAIC P/RP 3 (preferred stock)
17C02F	NAIC P/RP 4 (preferred stock)
17C02G	NAIC P/RP 5 (preferred stock)
17C02H	NAIC P/RP 6 (preferred stock)
18A0A	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses (ASO plan)
18A0B	Total net other income or expenses (including interest paid to or received from plans) (ASO plan)
18A0C	Net gain or (loss) from operations (ASO plan)
18A0D	Total claim payment volume (ASO plan)
18B0A	Gross reimbursement for medical cost incurred (ASC plan)
18B0B	Gross administrative fees accrued (ASC plan)
18B0C	Other income or expenses (including interest paid to or received from plans) (ASC plans)
18B0D	Gross expenses incurred (claims and administrative) (ASC plan)
18B0E	Total net gain or loss from operations (ASC plans)
1900001-1999996	
1999999	Total direct premium written/produced by managing general agents/ third party administrators
20F1001-20F1996	
20F1999	Totals state transferable tax credits
20G0001-20G9996	
20G9999	Total hybrid securities
20H02A	Mortgages in the process of foreclosure
20H02B	Mortgages in good standing
20H02C	Mortgages with restructure terms
20H02D	Total
20H03A	Residential mortgage backed securities
20H03B	Commercial mortgage backed securites
20H03C	Collateralized debt obligations
20H03D	Structured securities
20H03E	Equity investment in SCAs*
20H03F	Other assets
20H03G	Total
20H04A	Mortgage guaranty coverage
20H04B	Financial guaranty coverage
20H04D	Total
20H4C01	Other lines
22B01	Total amount written off in the current year reinsurance balances due
22B01A	Claims incurred (uncollectible reinsurance)
22B01B	Claims adjustment expenses incurred (uncollectible reinsurance)
22B01C	Premiums earned (uncollectible reinsurance)
22B01D	Other (uncollectible reinsurance)
22B1E01-22B1E96	Written off current year reinsurance balances due
22C01	Claims incurred (commutation of reinsurance reflected in income and expenses)
22C02	Claims adjustment expenses incurred (commutaton of reinsurance reflected in income and expenses)
22C03	Premiums earned (commutation of reinsurance reflected in income and expenses)
22C04	Other (commutation of reinsurance reflected in income and expenses)
22C0501-22C0596	Reported in operations current year as a result of commutation of

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	reinsurance
26A	Amount of reserves no longer carried (structured settlements)
26B0001-26B9996	Name and location and amount annuities due
27A01	Pharmaceutical Rebate Receivables
27B01	Risk Sharing Receivables
3006001-3006996	
3006999	Total reserves for life contracts and deposit-type contracts
31A01	With fair value adjustment
31A02	At book value less current surrender charge of 5% or more
31A03	At fair value
31A04	Total with adjustment or at fair value
31A05	At book value without adjustment
31B	Not subject to discretionary withdrawal
31C	Total (gross)
31D	Reinsurance ceded
31E	Total (net)
31F01	Exhibit 5, annuities, total (net) (general account statement)
31F02	Exhibit 5, supplementary contracts with life contingencies, total (net) (general account statement)
31F03	Exhibit of Deposit-type Contracts, Line 14, Column 1 (general account statement)
31F04	Subtotal (general account statement)
31F05	Exhibit 3, Line 0299999, Column 2 (Separate Accounts annual statement)
31F06	Exhibit 3, Line 0399999, Column 2 (Separate Accounts annual statement)
31F07	Page 3, Policyholder dividend and coupon accumulations, Column 3 (Separate Accounts annual statement)
31F08	Page 3, Policyholder premiums, Column 3 (Separate Accounts annual statement)
31F09	Page 3, Guaranteed interest contracts, Column 3 (Separate Accounts annual statement)
31F10	Page 3, Other contract deposit funds, Column 3 (Separate Accounts annual statement)
31F11	Subtotal (Separate Accounts annual statement)
31F12	Combined total
32A01	Industrial (premium and annuity considerations deferred and uncollected)
32A02	Ordinary new business (premium and annuity considerations deferred and uncollected)
32A03	Ordinary renewal (premium and annuity considerations deferred and uncollected)
32A04	Credit life (premium and annuity considerations deferred and uncollected)
32A05	Group life (premium and annuity considerations deferred and uncollected)
32A06	Group annuity (premium and annuity considerations deferred and uncollected)
32A07	Totals (premium and annuity considerations deferred and uncollected)
33A01	Premiums, considerations or deposits
33A02A	Fair value (for accounts with assets at)
33A02B	Amortized cost (for accounts with assets at)
33A02C	Total reserves (for accounts with assets at)
33A03B	With fair value adjustment
33A03C	At book value without fair value adjustment and with current surrender charge of 5% or more
33A03D	At fair value
33A03E	At book value without fair value adjustment and with current surrender charge less than 5%

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33A03F	Subtotal (subject to discretionary withdrawal)
33A03G	Not subject to discretionary withdrawal
33A03H	Total
33B01A	Transfers to Separate Accounts (as reported Summary of Operations of Separate Accounts statement)
33B01B	Transfers from Separate Accounts (as reported Summary of Operations of Separate Accounts statement)
33B01C	Net transfers to or (from) Separate Accounts (as reported Summary of Operations of Separate Accounts statement)
33B0201-33B0296	Reconciling adjustments
33B03	Transfers as reported in the Summary of Operations of the Life, Accident and Health annual statement

The following column/row intersections either do not exist or do not have values on the Annual Statement. Placeholders of spaces for the alpha fields and "0" for the numeric fields are provided for these intersections in the actual file.

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DESCR	Lines 01A01, 01A04, 01A05, 01A08 through 1311999, 14A01 through 1999999, 20F1999 through 22B01D, 22C01 through 22C04, 26A, 27A01 through 27B96, 3006999 through 33B01C, 33B03
ST	Lines 01A01 through 1999999, 20F1999 through 33B03
LICENSED_IN_REPORTING_ENTITYS	Lines 01A01 through 26A, 27A01 through 33B03
QTR	Lines 01A01 through 26B9996, 27B01 through 33B03
CAL_YR	Lines 01A01 through 27A96, 3006001 through 33B03
EVALUATION_PERIOD_YR_ENDING	Lines 01A01 through 27A96, 3006001 through 33B03
AMT_1	Lines 1311001 through 1311999, 14D02, 14D03, 1900001 through 1999999, 20G0001 through 20G9999, 31A01 through 31E
AMT_2	Lines 0405A through 0405J, 10E, 12A13A through 1311999, 14A01 through 15B01C6, 1900001 through 1999999, 20G0001 through 22C0596, 26B0001 through 26B9996, 31A01 through 31F12, 33B01A through 33B03
AMT_3	Lines 01A01 through 0405J, 05A04 through 10E, 12A08A through 12A11B, 12A12E through 15B02C6, 1900001 through 26B9996, 31A01 through 32A07, 33B01A through 33B03
AMT_4	Lines 01A01 through 10E, 12A08A through 12A11B, 12A12E through 15B02C6, 18A0A through 26B9996, 31A01 through 32A07, 33B01A through 33B03
AMT_5	Lines 01A01 through 26B9996, 31A01 through 32A07, 33B01A through 33B03
AMT_6	Lines 01A01 through 27A96, 31A01 through 33B03
AMT_7	Lines 01A01 through 27A96, 31A01 through 33B03
AMT_8	Lines 01A01 through 27A96, 31A01 through 33B03
DTE_ISSUED	Lines 01A01 through 1310, 1311999 through 33B03
INTEREST_RATE	Lines 01A01 through 1310, 1311999 through 33B03
PAR_VAL_FACE_AMT_OF_NOTES	Lines 01A01 through 1310, 1312001 through 33B03
CARRYING_VAL_OF_NOTE	Lines 01A01 through 1310, 1312001 through 33B03
PRINCIPAL_ANDOR_INTEREST_PAID	Lines 01A01 through 1310, 1312001 through 33B03
TOT_PRINCIPAL_ANDOR_INTEREST	Lines 01A01 through 1310, 1312001 through 33B03
UNAPPROVED_PRINCIPAL_ANDOR_INT	Lines 01A01 through 1310, 1312001 through 33B03

DTE_OF_MATUR	Lines 01A01 through 1310, 1311999 through 33B03
NM_AND_ADDRESS_OF_MANAGING_GEN	Lines 01A01 through 18B0E, 1999999 through 33B03
FED_EMPLOYEE_IDENTIFICATION_NB	Lines 01A01 through 18B0E, 1999999 through 33B03
EXCLUSIVE_CONTRACT	Lines 01A01 through 18B0E, 1999999 through 33B03
TYPES_OF_BUS_WRTN	Lines 01A01 through 18B0E, 1999999 through 33B03
TYPE_OF_AUTHORITY_GRANTED	Lines 01A01 through 18B0E, 1999999 through 33B03
TOT_DIR_PREM_WRITTENPRODUCED	Lines 01A01 through 18B0E, 20F1001 through 33B03
AMT_SUBJECT_DISCRETIONARY_WITH	Lines 01A01 through 3006999, 31F01 through 33B03
PCT_OF_TOT	Lines 01A01 through 3006999, 31D through 33B03
ST_OF_DOMICILE	Lines 01A01, 01A04, 01A05, 01A08 through 33B03
CLMS	Lines 01A01 through 14D01, 15A02A1 through 33B03
FULL_CUSIP	Lines 01A01 through 20F1999, 20G9999 through 33B03
NM_OF_ISSUER	Lines 01A01 through 20F1999, 20G9999 through 33B03
GENERAL_DESCR	Lines 01A01 through 20F1999, 20G9999 through 33B03
BOOK_ADJUSTED_CARRYING_VA	Lines 01A01 through 20F1999, 22B01 through 33B03
ACTL_COST	Lines 01A01 through 20H02D, 20H04A through 33B03
BK_ADJUSTED_CARRYING_VAL_EXCLU	Lines 01A01 through 20G9999, 20H04A through 33B03
FAIR_VAL	Lines 01A01 through 20G9999, 20H04A through 33B03
VAL_OF_LND_AND_BLDG	Lines 01A01 through 20G9999, 20H03A through 33B03
OTH_THAN_TEMPORARY_IMPAIRMENT	Lines 01A01 through 20G9999, 20H04A through 33B03
DEFAULT_RATE	Lines 01A01 through 20G9999, 20H02D through 33B03
LS_PAID_IN_THE_CURR_YR	Lines 01A01 through 20H03G, 22B01 through 33B03
LS_INCRD_IN_THE_CURR_YR	Lines 01A01 through 20H03G, 22B01 through 33B03
CASE_RESERVES_AT_END_OF_CURR_P	Lines 01A01 through 20H03G, 22B01 through 33B03
IBNR_RESERVES_AT_END_OF_CURR_P	Lines 01A01 through 20H03G, 22B01 through 33B03

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GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ ] No [ ]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [ ] No [ ] N/A [ ]

1.3 State Regulating? _____

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

2.2 If yes, date of change: _____

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____

For Reference Only

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____

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

3.4 By what department or departments? .....

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [ ] No [ ] N/A [ ]

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [ ]

4.12 renewals? Yes [ ] No [ ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [ ]

4.22 renewals? Yes [ ] No [ ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [ ]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [ ]

6.2 If yes, give full information.....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [ ]

7.2 If yes,

7.21 State the percentage of foreign control _____%

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

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

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

.....

.....

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

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? .....

For Reference Only

10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?.....

11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ ]

11.11 Name of real estate holding company _____

11.12 Number of parcels involved _____

11.13 Total book/adjusted carrying value $_____

11.2 If yes, provide explanation .....

.....

12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?.....

12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

12.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

13.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ ] No [ ]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

13.11 If the response to 13.1 is No, please explain:

.....

13.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ ]

13.21 If the response to 13.2 is Yes, provide information related to amendment(s).

.....

13.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ ]

13.31 If the response to 13.3 is Yes, provide the nature of any waiver(s).

.....

BOARD OF DIRECTORS

14. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ ] No [ ]

15. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ ] No [ ]

16. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ ] No [ ]

GENERAL INTERROGATORIES
FINANCIAL

17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ ]

18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 18.11 To directors or other officers $ _____
- 18.12 To stockholders not officers $ _____
- 18.13 Trustees, supreme or grand (Fraternal only) $ _____

18. 2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 18.21 To directors or other officers $ _____
- 18.22 To stockholders not officers $ _____
- 18.23 Trustees, supreme or grand (Fraternal only) $ _____

19.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ ]

19.2 If yes, state the amount thereof at December 31 of the current year:
- 19.21 Rented from others $ _____
- 19.22 Borrowed from others $ _____
- 19.23 Leased from others $ _____
- 19.24 Other $ _____

20.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [ ]

For Reference Only

20.2 If answer is yes:
- 20.21 Amount paid as losses or risk adjustment $ _____
- 20.22 Amount paid as expenses $ _____
- 20.23 Other amounts paid $ _____

21.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ ]

21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ _____

INVESTMENT

22.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 22.3) Yes [ ] No [ ]

22.2 If no, give full and complete information, relating thereto .....

22.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 16 where this information is also provided).....
.....

22.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ]

22.5 If answer to 22.4 is yes, report amount of collateral. $ _____

22.6 If answer to 22.4 is no, report amount of collateral. $ _____

23.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1 and 22.3). Yes [ ] No [ ]

23.2 If yes, state the amount thereof at December 31 of the current year:
- 23.21 Subject to repurchase agreements $ _____
- 23.22 Subject to reverse repurchase agreements $ _____
- 23.23 Subject to dollar repurchase agreements $ _____
- 23.24 Subject to reverse dollar repurchase agreements $ _____
- 23.25 Pledged as collateral $ _____
- 23.26 Placed under option agreements $ _____
- 23.27 Letter stock or securities restricted as to sale $ _____
- 23.28 On deposit with state or other regulatory body $ _____
- 23.29 Other $ _____

23.3 For category (23.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

GENERAL INTERROGATORIES

24.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ ]

24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ]
If no, attach a description with this statement.

25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year. $_____

26. Excluding items in Schedule E– Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F – Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [ ] No [ ]

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

1 Name of Custodian(s)	2 Custodian's Address

For Reference Only

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

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

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year? Yes [ ] No [ ]

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

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

26.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [ ]

27.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
27.2999 TOTAL		

27.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

GENERAL INTERROGATORIES

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (–), or Fair Value over Statement (+)
28.1 Bonds			
28.2 Preferred stocks			
28.3 Totals			

28.4 Describe the sources or methods utilized in determining the fair values: .....
.....
.....
.....

29.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? Yes [ ] No [ ]
29.2 If no, list exceptions:.....
.....

OTHER

For Reference Only

30.1 Amount of payments to Trade associations, service organizations and statistical or Rating Bureaus, if any? $ _____

30.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	$
	$
	$
	$

31.1 Amount of payments for legal expenses, if any? $ _____

31.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	$
	$
	$
	$

32.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $ _____

32.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	$
	$
	$
	$

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [ ]

1.2 If yes, indicate premium earned on U.S. business only. $ _____

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $ _____

1.31 Reason for excluding.....

.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. $ _____

1.5 Indicate total incurred claims on all Medicare Supplement insurance. $ _____

1.6 Individual policies:

Most current three years:

1.61 Total premium earned $ _____

1.62 Total incurred claims $ _____

1.63 Number of covered lives _____

All years prior to most current three years:

1.64 Total premium earned $ _____

1.65 Total incurred claims $ _____

1.66 Number of covered lives _____

For Reference Only

1.7 Group policies:

Most current three years:

1.71 Total premium earned $ _____

1.72 Total incurred claims $ _____

1.73 Number of covered lives _____

All years prior to most current three years:

1.74 Total premium earned $ _____

1.75 Total incurred claims $ _____

1.76 Number of covered lives _____

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	$ _____	$ _____
2.2 Premium Denominator	$ _____	$ _____
2.3 Premium Ratio (2.1/2.2)	_____	_____
2.4 Reserve Numerator	$ _____	$ _____
2.5 Reserve Denominator	$ _____	$ _____
2.6 Reserve Ratio (2.4/2.5)	_____	_____

3.1 Does the reporting entity issue both participating and non-participating policies? Yes [ ] No [ ]

3.2 If yes, state the amount of calendar year premiums written on:

3.21 Participating policies $ _____

3.22 Non-participating policies $ _____

4. For Mutual reporting entities and Reciprocal Exchanges only:

4.1 Does the reporting entity issue assessable policies? Yes [ ] No [ ]

4.2 Does the reporting entity issue non-assessable policies? Yes [ ] No [ ]

4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders? _____%

4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. $ _____

5. For Reciprocal Exchanges Only:

5.1 Does the exchange appoint local agents? Yes [ ] No [ ]

5.2 If yes, is the commission paid:

5.21 Out of Attorney's-in-fact compensation Yes [ ] No [ ] N/A [ ]

5.22 As a direct expense of the exchange Yes [ ] No [ ] N/A [ ]

5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?.....

.....

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? Yes [ ] No [ ]

5.5 If yes, give full information.....

.....

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss: .....

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: .....

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? .....
.....

6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? Yes [ ] No [ ]

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss.....
.....

7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? Yes [ ] No [ ]

7.2 If yes, indicate the number of reinsurance contracts containing such provisions.

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? Yes [ ] No [ ]

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? Yes [ ] No [ ]

For Reference Only

8.2 If yes, give full information.....
.....

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:

(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;

(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;

(c) Aggregate stop loss reinsurance coverage;

(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;

(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or

(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. Yes [ ] No [ ]

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:

(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or

(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. Yes [ ] No [ ]

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:

(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;

(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and

(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:

(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or

(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? Yes [ ] No [ ]

9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:

(a) The entity does not utilize reinsurance; or, Yes [ ] No [ ]

(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or Yes [ ] No [ ]

(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. Yes [ ] No [ ]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes [ ] No [ ] N/A [ ]

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force: Yes [ ] No [ ]

11.2 If yes, give full information .....

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 13.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:

12.11 Unpaid losses $ _____

12.12 Unpaid underwriting expenses (including loss adjustment expenses) $ _____

12.2 Of the amount on Line 13.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds? $ _____

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [ ] No [ ] N/A [ ]

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:

12.41 From _____ %

12.42 To _____ %

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [ ] No [ ]

12.6 If yes, state the amount thereof at December 31 of current year:

12.61 Letters of Credit $ _____

12.62 Collateral and other funds $ _____

For Reference Only

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): $ _____

13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes [ ] No [ ]

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. _____

14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [ ] No [ ]

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:.....

.....

.....

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [ ] No [ ]

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [ ] No [ ]

14.5 If the answer to 14.4 is no, please explain: .....

.....

.....

15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [ ] No [ ]

15.2 If yes, give full information.....

.....

.....

16.1 Does the reporting entity write any warranty business? Yes [ ] No [ ]

If yes, disclose the following information for each of the following types of warranty coverage:

		1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11	Home	$	$	$	$	$ .....
16.12	Products	$	$	$	$	$ .....
16.13	Automobile	$	$	$	$	$ .....
16.14	Other*	$	$	$	$	$ .....

* Disclose type of coverage: _____

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5. Yes [ ] No [ ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption:

17.11	Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5	$
17.12	Unfunded portion of Interrogatory 17.11	$
17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11	$
17.14	Case reserves portion of Interrogatory 17.11	$
17.15	Incurred but not reported portion of Interrogatory 17.11	$
17.16	Unearned premium portion of Interrogatory 17.11	$
17.17	Contingent commission portion of Interrogatory 17.11	$

Provide the following information for all other amounts included in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included above.

For Reference Only

17.18	Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5	$
17.19	Unfunded portion of Interrogatory 17.18	$
17.20	Paid losses and loss adjustment expenses portion of Interrogatory 17.18	$
17.21	Case reserves portion of Interrogatory 17.18	$
17.22	Incurred but not reported portion of Interrogatory 17.18	$
17.23	Unearned premium portion of Interrogatory 17.18	$
17.24	Contingent commission portion of Interrogatory 17.18	$

FIVE – YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

		1 2008	2 2007	3 2006	4 2005	5 2004
	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
2.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
5.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6.	Total (Line 35)					
	Net Premiums Written (Page 8, Part 1B, Col. 6)					
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3,19.4)					
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
11.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12.	Total (Line 35)					
	Statement of Income (Page 4)					
13.	Net underwriting gain (loss) (Line 8)					
14.	Net investment gain (loss) (Line 11)					
15.	Total other income (Line 15)					
16.	Dividends to policyholders (Line 17)					
17.	Federal and foreign income taxes incurred (Line 19)					
18.	Net income (Line 20)					
	Balance Sheet Lines (Pages 2 and 3)					
19.	Total admitted assets excluding protected cell business (Page 2, Line 24, Col. 3)					
20.	Premiums and considerations (Page 2, Col. 3)					
	20.1 In course of collection (Line 13.1)					
	20.2 Deferred and not yet due (Line 13.2)					
	20.3 Accrued retrospective premiums (Line 13.3)					
21.	Total liabilities excluding protected cell business (Page 3, Line 24)					
22.	Losses (Page 3, Line 1)					
23.	Loss adjustment expenses (Page 3, Line 3)					
24.	Unearned premiums (Page 3, Line 9)					
25.	Capital paid up (Page 3, Lines 28 & 29)					
26.	Surplus as regards policyholders (Page 3, Line 35)					
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)					
	Risk-Based Capital Analysis					
28.	Total adjusted capital					
29.	Authorized control level risk-based capital					
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 10, Col. 3) x 100.0					
30.	Bonds (Line 1)					
31.	Stocks (Lines 2.1 & 2.2)					
32.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
33.	Real estate (Lines 4.1, 4.2 & 4.3)					
34.	Cash, cash equivalents and short-term investments (Line 5)					
35.	Contract loans (Line 6)					
36.	Other invested assets (Line 7)					
37.	Receivables for securities (Line 8)					
38.	Aggregate write-ins for invested assets (Line 9)					
39.	Cash, cash equivalents and invested assets (Line 10)	100.0	100.0	100.0	100.0	100.0
	Investments in Parent, Subsidiaries and Affiliates					
40.	Affiliated bonds, (Sch. D, Summary, Line 25, Col. 1)					
41.	Affiliated preferred stocks (Sch. D, Summary, Line 39, Col. 1)					
42.	Affiliated common stocks (Sch. D, Summary, Line 53, Col. 1)					
43.	Affiliated short-term investments (Schedule DA Verification, Col. 5, Line 10)					
44.	Affiliated mortgage loans on real estate					
45.	All other affiliated					
46.	Total of above Lines 40 to 45					
47.	Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 46 above divided by Page 3, Col. 1, Line 35 x 100.0)					

For Reference Only

FIVE – YEAR HISTORICAL DATA
(Continued)

	1 2008	2 2007	3 2006	4 2005	5 2004
Capital and Surplus Accounts (Page 4)					
48. Net unrealized capital gains (losses) (Line 24)	.....	.....	.....	.....	.....
49. Dividends to stockholders (Line 35)	.....	.....	.....	.....	.....
50. Change in surplus as regards policyholders for the year (Line 38)	.....	.....	.....	.....	.....
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
51. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3 19.4)	.....	.....	.....	.....	.....
52. Property lines (Lines 1, 2, 9, 12, 21 & 26)	.....	.....	.....	.....	.....
53. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	.....	.....	.....	.....	.....
54. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	.....	.....	.....	.....	.....
55. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
56. Total (Line 35)	.....	.....	.....	.....	.....
Net Losses Paid (Page 9, Part 2, Col. 4)					
57. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	.....	.....	.....	.....	.....
58. Property lines (Lines 1, 2, 9, 12, 21 & 26)	.....	.....	.....	.....	.....
59. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	.....	.....	.....	.....	.....
60. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	.....	.....	.....	.....	.....
61. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
62. Total (Line 35)	.....	.....	.....	.....	.....
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
63. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
64. Losses incurred (Line 2)	.....	.....	.....	.....	.....
65. Loss expenses incurred (Line 3)	.....	.....	.....	.....	.....
66. Other underwriting expenses incurred (Line 4)	.....	.....	.....	.....	.....
67. Net underwriting gain (loss) (Line 8)	.....	.....	.....	.....	.....
Other Percentages					
68. Other underwriting expenses to net premiums written (Page 4, Lines 4+5-15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	.....	.....	.....	.....	.....
69. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2+3 divided by Page 4, Line 1 x 100.0)	.....	.....	.....	.....	.....
70. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 35, Col. 1 x 100.0)	.....	.....	.....	.....	.....
One Year Loss Development (000 omitted)					
71. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)	.....	.....	.....	.....	.....
72. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 71 above divided by Page 4, Line 21, Col. 1 x 100.0)	.....	.....	.....	.....	.....
Two Year Loss Development (000 omitted)					
73. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12)	.....	.....	.....	.....	.....
74. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 73 above divided by Page 4, Line 21, Col. 2 x 100.0)					

For Reference Only

.....
Affix Bar Code Above

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code _____

BUSINESS IN THE STATE OF DURING THE YEAR

NAIC Company Code _____

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

(a) Finance and service charges not included in Lines 1 to 35 $ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

For Reference Only

SCHEDULE F – PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	Reinsurance On			9	10	11	12	13	14	15
					6	7	8							
Federal ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
9999999 Totals														

For Reference Only

SCHEDULE F – PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 Federal ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
0199999 Total Reinsurance Ceded by Portfolio					
0299999 Total Reinsurance Assumed by Portfolio					

For Reference Only

SCHEDULE F – PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 7 through 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 – [16 + 17]	Funds Held by Company Under Reinsurance Treaties
9999999 Totals																		

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of $50,000:

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1)			
2)			
3)			
4)			
5)			

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on-the total recoverables, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1)				Yes [ ] No [ ]
2)				Yes [ ] No [ ]
3)				Yes [ ] No [ ]
4)				Yes [ ] No [ ]
5)				Yes [ ] No [ ]

For Reference Only

SCHEDULE F – PART 4

Aging of Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

1	2	3	4	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12	13
				5	Overdue					11		
					6	7	8	9	10			
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Current	1 to 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 6 + 7 + 8 + 9	Total Due Cols. 5 + 10	Percentage Overdue Col. 10/Col. 11	Percentage More Than 120 Days Overdue Col. 9/Col.11
9999999 Totals												

For Reference Only

SCHEDULE F – PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 OMITTED)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	6 Funds Held By Company Under Reinsurance Treaties	7 Letters of Credit	8 Ceded Balances Payable	9 Miscellaneous Balances	10 Other Allowed Offset Items	11 Sum of Cols. 6 through 10 but not in excess of Col. 5	12 Subtotal Col. 5 minus Col. 11	13 Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	14 20% of Amount in Col. 13	15 Smaller of Col. 11 or Col. 14	16 Smaller of Col. 11 or 20% of Amount in Dispute Included in Col. 5	17 Total Provision for Unauthorized Reinsurance Smaller of Col. 5 or Cols. 12+15+16
9999999	Totals															

1. Amounts in dispute totaling $_____ are included in Column 5.
2. Amounts in dispute totaling $_____ are excluded from Column 13.

For Reference Only

SCHEDULE F – PART 6

Provision for Overdue Authorized Reinsurance as of December 31, Current Year

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Reinsurance Recoverable on Paid Losses and LAE More Than 90 Days Overdue (a)	5 Total Reinsurance Recoverable on Paid Losses and Paid LAE (b)	6 Amounts Received Prior 90 Days	7 Col. 4 divided by (Cols. 5 + 6)	8 Amounts in Col. 4 for Companies Reporting less than 20% in Col. 7	9 Amounts in Dispute Excluded from Col. 4 for Companies Reporting less than 20% in Col. 7	10 20% of Amount in Col. 9	11 Amount Reported in Col. 8 x 20% + Col. 10
9999999 Totals						XXX				

(a) From Schedule F – Part 4 Columns 8 + 9, total authorized, less $_____ in dispute.
(b) From Schedule F – Part 3 Columns 7 + 8, total authorized, less $_____ in dispute.

For Reference Only

SCHEDULE F – PART 7

Provision for Overdue Reinsurance as of December 31, Current Year

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Reinsurance Recoverable All Items	5 Funds Held By Company Under Reinsurance Treaties	6 Letters of Credit	7 Ceded Balances Payable	8 Other Miscellaneous Balances	9 Other Allowed Offset Items	10 Sum of Cols. 5 through 9 but not in Excess of Col. 4	11 Col 4 minus Col. 10	12 Greater of Col. 11 or Schedule F - Part 4 Cols. 8 + 9
9999999	Totals										

1.	Total	
2.	Line 1 x .20	
3.	Schedule F-Part 6 Col. 11	
4.	Provision for Overdue Authorized Reinsurance (Lines 2 + 3)	
5.	Provision for Unauthorized Reinsurance (Schedule F-Part 5, Col. 17 x 1000)	
6.	Provision for Reinsurance (sum Lines 4 + 5) (Enter this amount on Page 3, Line 16)	

For Reference Only

SCHEDULE F – PART 8

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)			
2. Premiums and considerations (Line 13)			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 14.1)			
4. Funds held by or deposited with reinsured companies (Line 14.2)			
5. Other assets			
6. Net amount recoverable from reinsurers			
7. Protected cell assets (Line 25)			
8. Totals (Line 26)			
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)			
10. Taxes, expenses, and other obligations (Lines 4 through 8)			
11. Unearned premiums (Line 9)			
12. Advance premiums (Line 10)			
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)			
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)			
17. Provision for reinsurance (Line 16)			
18. Other liabilities			
19. Total liabilities excluding protected cell business (Line 24)			
20. Protected cell liabilities (Line 25)			
21. Surplus as regards policyholders (Line 35)		XXX	
22. Totals (Line 36)			

For Reference Only

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [ ] No [ ]

If yes, give full explanation: _____

SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts: Non-Cancelable		Other Individual Contracts: Guaranteed Renewable		Other Individual Contracts: Non-Renewable for Stated Reasons Only		Other Individual Contracts: Other Accident Only		Other Individual Contracts: All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 – ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written		xxx		xxx		xxx		xxx		xxx		xxx		xxx		xxx		xxx
2. Premiums earned		xxx		xxx		xxx		xxx		xxx		xxx		xxx		xxx		xxx
3. Incurred claims																		
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)																		
6. Increase in contract reserves																		
7. Commissions (a)																		
8. Other general insurance expenses																		
9. Taxes, licenses and fees																		
10. Total other expenses incurred																		
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds																		
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds																		
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Total (Lines 1101 through 1103 plus 1198) (Line 11 above)																		

(a) Includes $..... reported as "Contract, membership and other fees retained by agents."

For Reference Only

SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 – RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums									
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year									
5. Total premium reserves, prior year									
6. Increase in total premium reserves									
B. Contract Reserves:									
1. Additional reserves (a)									
2. Reserve for future contingent benefits (deferred maternity and other similar benefits)									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year									
2. Total prior year									
3. Increase									
PART 3 – TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claim paid during the year:									
1.1 On claims incurred prior to current year									
1.2 On claims incurred during current year									
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year									
3. Test:									
3.1 Line 1.1 and 2.1									
3.2 Claim reserves and liabilities, December 31, prior year									
3.3 Line 3.1 minus Line 3.2									
PART 4 – REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									

(a) Includes $..... premium deficiency reserve.

For Reference Only

SCHEDULE H – PART 5 – HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims				
2. Beginning claim reserves and liabilities				
3. Ending claim reserves and liabilities				
4. Claims paid				
B. Assumed Reinsurance:				
5. Incurred Claims				
6. Beginning claim reserves and liabilities				
7. Ending claim reserves and liabilities				
8. Claims paid				
C. Ceded Reinsurance:				
9. Incurred Claims				
10. Beginning claim reserves and liabilities				
11. Ending claim reserves and liabilities				
12. Claims paid				
D. Net:				
13. Incurred Claims				
14. Beginning claim reserves and liabilities				
15. Ending claim reserves and liabilities				
16. Claims paid				
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses				
18. Beginning reserves and liabilities				
19. Ending reserves and liabilities				
20. Paid claims and cost containment expenses				

For Reference Only

SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P – PART 1 – SUMMARY
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1–2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 – 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												XXX
3. 2000												XXX
4. 2001												XXX
5. 2002												XXX
6. 2003												XXX
7. 2004												XXX
8. 2005												XXX
9. 2006												XXX
10. 2007												XXX
11. 2008												XXX
12. Totals	XXX	XXX	XXX									XXX

For Reference Only

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													XXX
2.													XXX
3.													XXX
4.													XXX
5.													XXX
6.													XXX
7.													XXX
8.													XXX
9.													XXX
10.													XXX
11.													XXX
12.													XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

SCHEDULE P – PART 2 – SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P – PART 3 – SUMMARY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										11	12
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
1. Prior	000										XXX	XXX
2. 1999											XXX	XXX
3. 2000	XXX										XXX	XXX
4. 2001	XXX	XXX									XXX	XXX
5. 2002	XXX	XXX	XXX								XXX	XXX
6. 2003	XXX	XXX	XXX	XXX							XXX	XXX
7. 2004	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

For Reference Only

SCHEDULE P – PART 4 – SUMMARY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 1A – HOMEOWNERS/FARMOWNERS
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1-2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												
3. 2000												
4. 2001												
5. 2002												
6. 2003												
7. 2004												
8. 2005												
9. 2006												
10. 2007												
11. 2008												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting & Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

For Reference Only

SCHEDULE P – PART 1B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols.4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												
3. 2000												
4. 2001												
5. 2002												
6. 2003												
7. 2004												
8. 2005												
9. 2006												
10. 2007												
11. 2008												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct And Assumed
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

For Reference Only

SCHEDULE P – PART 1C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols.4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												
3. 2000												
4. 2001												
5. 2002												
6. 2003												
7. 2004												
8. 2005												
9. 2006												
10. 2007												
11. 2008												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

For Reference Only

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1D – WORKERS' COMPENSATION
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												
3. 2000												
4. 2001												
5. 2002												
6. 2003												
7. 2004												
8. 2005												
9. 2006												
10. 2007												
11. 2008												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

For Reference Only

SCHEDULE P – PART 1E – COMMERCIAL MULTIPLE PERIL
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												
3. 2000												
4. 2001												
5. 2002												
6. 2003												
7. 2004												
8. 2005												
9. 2006												
10. 2007												
11. 2008												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

For Reference Only

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1F – SECTION 1 – MEDICAL MALPRACTICE – OCCURRENCE
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												
3. 2000												
4. 2001												
5. 2002												
6. 2003												
7. 2004												
8. 2005												
9. 2006												
10. 2007												
11. 2008												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

For Reference Only

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1F – SECTION 2 – MEDICAL MALPRACTICE – CLAIMS–MADE

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												
3. 2000												
4. 2001												
5. 2002												
6. 2003												
7. 2004												
8. 2005												
9. 2006												
10. 2007												
11. 2008												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

For Reference Only

SCHEDULE P – PART 1G – SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												XXX
3. 2000												XXX
4. 2001												XXX
5. 2002												XXX
6. 2003												XXX
7. 2004												XXX
8. 2005												XXX
9. 2006												XXX
10. 2007												XXX
11. 2008												XXX
12. Totals	XXX	XXX	XXX									XXX

For Reference Only

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1H – SECTION 1 – OTHER LIABILITY – OCCURRENCE
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												
3. 2000												
4. 2001												
5. 2002												
6. 2003												
7. 2004												
8. 2005												
9. 2006												
10. 2007												
11. 2008												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

For Reference Only

SCHEDULE P – PART 1H – SECTION 2 – OTHER LIABILITY – CLAIMS-MADE
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct And Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												
3. 2000												
4. 2001												
5. 2002												
6. 2003												
7. 2004												
8. 2005												
9. 2006												
10. 2007												
11. 2008												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage And Subrogation Anticipated	Total Net Losses And Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

For Reference Only

SCHEDULE P – PART 1I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2007												XXX
3. 2008												XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													

For Reference Only

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1J – AUTO PHYSICAL DAMAGE
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2007												
3. 2008												
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													

For Reference Only

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1K – FIDELITY/SURETY
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2007												XXX
3. 2008												XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													

For Reference Only

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2007												XXX
3. 2008												XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													

For Reference Only

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1M – INTERNATIONAL
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												XXX
3. 2000												XXX
4. 2001												XXX
5. 2002												XXX
6. 2003												XXX
7. 2004												XXX
8. 2005												XXX
9. 2006												XXX
10. 2007												XXX
11. 2008												XXX
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct And Assumed
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

For Reference Only

SCHEDULE P – PART 1N – REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												XXX
3. 2000												XXX
4. 2001												XXX
5. 2002												XXX
6. 2003												XXX
7. 2004												XXX
8. 2005												XXX
9. 2006												XXX
10. 2007												XXX
11. 2008												XXX
12. Totals	XXX	XXX	XXX									XXX

For Reference Only

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													XXX
2.													XXX
3.													XXX
4.													XXX
5.													XXX
6.													XXX
7.													XXX
8.													XXX
9.													XXX
10.													XXX
11.													XXX
12.													XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1O – REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												XXX
3. 2000												XXX
4. 2001												XXX
5. 2002												XXX
6. 2003												XXX
7. 2004												XXX
8. 2005												XXX
9. 2006												XXX
10. 2007												XXX
11. 2008												XXX
12. Totals	XXX	XXX	XXX									XXX

For Reference Only

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													XXX
2.													XXX
3.													XXX
4.													XXX
5.													XXX
6.													XXX
7.													XXX
8.													XXX
9.													XXX
10.													XXX
11.													XXX
12.													XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1P – REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												XXX
3. 2000												XXX
4. 2001												XXX
5. 2002												XXX
6. 2003												XXX
7. 2004												XXX
8. 2005												XXX
9. 2006												XXX
10. 2007												XXX
11. 2008												XXX
12. Totals	XXX	XXX	XXX									XXX

For Reference Only

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													XXX
2.													XXX
3.													XXX
4.													XXX
5.													XXX
6.													XXX
7.													XXX
8.													XXX
9.													XXX
10.													XXX
11.													XXX
12.													XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1R – SECTION 1 – PRODUCTS LIABILITY – OCCURRENCE
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												
3. 2000												
4. 2001												
5. 2002												
6. 2003												
7. 2004												
8. 2005												
9. 2006												
10. 2007												
11. 2008												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

For Reference Only

SCHEDULE P – PART 1R – SECTION 2 – PRODUCTS LIABILITY – CLAIMS–MADE
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1999												
3. 2000												
4. 2001												
5. 2002												
6. 2003												
7. 2004												
8. 2005												
9. 2006												
10. 2007												
11. 2008												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

For Reference Only

SCHEDULE P – PART 1S – FINANCIAL GUARANTY/MORTGAGE GUARANTY
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2007												XXX
3. 2008												XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													

For Reference Only

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

New Page

SCHEDULE P – PART 1T - WARRANTY

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2007												
3. 2008												
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.													
2.													
3.													
4.													

For Reference Only

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 2A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P – PART 2B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

For Reference Only

SCHEDULE P – PART 2C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P – PART 2D – WORKERS' COMPENSATION

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P – PART 2E – COMMERCIAL MULTIPLE PERIL

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P – PART 2F – SECTION 1 – MEDICAL MALPRACTICE – OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P – PART 2F – SECTION 2 – MEDICAL MALPRACTICE – CLAIMS–MADE

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

For Reference Only

SCHEDULE P – PART 2G – SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P – PART 2H – SECTION 1 – OTHER LIABILITY – OCCURRENCE

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P – PART 2H – SECTION 2 – OTHER LIABILITY – CLAIMS–MADE

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2005	XXX	XXX	XXX	XXX	XXX							
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P – PART 2I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals		

SCHEDULE P – PART 2J – AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals		

SCHEDULE P – PART 2K – FIDELITY, SURETY

For Reference Only

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals		

SCHEDULE P – PART 2L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals		

SCHEDULE P – PART 2M – INTERNATIONAL

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P – PART 2N – REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P – PART 2O – REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY

For Reference Only

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P – PART 2P – REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P – PART 2R – SECTION 1 – PRODUCTS LIABILITY – OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										DEVELOPMENT	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P – PART 2R – SECTION 2 – PRODUCTS LIABILITY – CLAIMS–MADE

1. Prior												
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

For Reference Only

SCHEDULE P – PART 2S – FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals		

SCHEDULE P – PART 2T – WARRANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals		

SCHEDULE P – PART 3A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008		
1. Prior	000											
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P – PART 3B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	000											
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

For Reference Only

SCHEDULE P – PART 3C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	000											
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P – PART 3D – WORKERS' COMPENSATION

1. Prior	000											
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P – PART 3E – COMMERCIAL MULTIPLE PERIL

1. Prior	000											
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P – PART 3F – SECTION 1 – MEDICAL MALPRACTICE – OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										11	12
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
1. Prior	000											
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P – PART 3F – SECTION 2 – MEDICAL MALPRACTICE – CLAIMS–MADE

1. Prior	000											
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

For Reference Only

SCHEDULE P – PART 3G – SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior	000										XXX	XXX
2. 1999											XXX	XXX
3. 2000	XXX										XXX	XXX
4. 2001	XXX	XXX									XXX	XXX
5. 2002	XXX	XXX	XXX								XXX	XXX
6. 2003	XXX	XXX	XXX	XXX							XXX	XXX
7. 2004	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 3H – SECTION 1 – OTHER LIABILITY – OCCURRENCE

1. Prior	000											
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P – PART 3H – SECTION 2 – OTHER LIABILITY – CLAIMS–MADE

1. Prior	000											
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P – PART 3I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										11	12
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 3J – AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000				
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P – PART 3K – FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

For Reference Only

SCHEDULE P – PART 3L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 3M – INTERNATIONAL

1. Prior	000										XXX	XXX
2. 1999											XXX	XXX
3. 2000	XXX										XXX	XXX
4. 2001	XXX	XXX									XXX	XXX
5. 2002	XXX	XXX	XXX								XXX	XXX
6. 2003	XXX	XXX	XXX	XXX							XXX	XXX
7. 2004	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 3N – REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008		
1. Prior	000										XXX	XXX
2. 1999											XXX	XXX
3. 2000	XXX										XXX	XXX
4. 2001	XXX	XXX									XXX	XXX
5. 2002	XXX	XXX	XXX								XXX	XXX
6. 2003	XXX	XXX	XXX	XXX							XXX	XXX
7. 2004	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 3O – REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

For Reference Only

1. Prior	000										XXX	XXX
2. 1999											XXX	XXX
3. 2000	XXX										XXX	XXX
4. 2001	XXX	XXX									XXX	XXX
5. 2002	XXX	XXX	XXX								XXX	XXX
6. 2003	XXX	XXX	XXX	XXX							XXX	XXX
7. 2004	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 3P – REINSURANCE NONPROPORTIONAL ASSUMED FINANCIAL LINES

1. Prior	000										XXX	XXX
2. 1999											XXX	XXX
3. 2000	XXX										XXX	XXX
4. 2001	XXX	XXX									XXX	XXX
5. 2002	XXX	XXX	XXX								XXX	XXX
6. 2003	XXX	XXX	XXX	XXX							XXX	XXX
7. 2004	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 3R – SECTION 1 – PRODUCTS LIABILITY – OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										11	12
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
1. Prior	000											
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P – PART 3R – SECTION 2 – PRODUCTS LIABILITY – CLAIMS–MADE

1. Prior	000											
2. 1999												
3. 2000	XXX											
4. 2001	XXX	XXX										
5. 2002	XXX	XXX	XXX									
6. 2003	XXX	XXX	XXX	XXX								
7. 2004	XXX	XXX	XXX	XXX	XXX							
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

For Reference Only

SCHEDULE P – PART 3S – FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 3T - WARRANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000				
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P – PART 4A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SCHEDULE P – PART 4C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4D – WORKERS' COMPENSATION

1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4E – COMMERCIAL MULTIPLE PERIL

1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4F – SECTION 1 – MEDICAL MALPRACTICE – OCCURRENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4F – SECTION 2 – MEDICAL MALPRACTICE – CLAIMS-MADE

1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SCHEDULE P – PART 4G – SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4H – SECTION 1 – OTHER LIABILITY – OCCURRENCE

1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4H – SECTION 2 – OTHER LIABILITY – CLAIMS–MADE

1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4J – AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4K – FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SCHEDULE P – PART 4L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4M – INTERNATIONAL

1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4N – REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4O – REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY

1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SCHEDULE P – PART 4P – REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES

1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4R – SECTION 1 – PRODUCTS LIABILITY – OCCURRENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4R – SECTION 2 – PRODUCTS LIABILITY – CLAIMS–MADE

1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SCHEDULE P – PART 4S – FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4T - WARRANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5A – HOMEOWNERS/FARMOWNERS

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

SECTION 1

-

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5D – WORKERS' COMPENSATION

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5E – COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5F – MEDICAL MALPRACTICE – OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5F – MEDICAL MALPRACTICE – CLAIMS–MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5H – OTHER LIABILITY – OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5H – OTHER LIABILITY – CLAIMS–MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5R – PRODUCTS LIABILITY – OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5R – PRODUCTS LIABILITY – CLAIMS–MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

New Page

SCHEDULE P – PART 5T – WARRANTY

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 6C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

For Reference Only

SCHEDULE P – PART 6D – WORKERS' COMPENSATION

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SCHEDULE P – PART 6E – COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1 Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

For Reference Only

SCHEDULE P – PART 6H – OTHER LIABILITY – OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SCHEDULE P – PART 6H – OTHER LIABILITY – CLAIMS–MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

For Reference Only

SCHEDULE P – PART 6M – INTERNATIONAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SCHEDULE P – PART 6N – REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SECTION 2

For Reference Only

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SCHEDULE P – PART 6O – REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SCHEDULE P – PART 6R – PRODUCTS LIABILITY – OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

For Reference Only

SCHEDULE P – PART 6R – PRODUCTS LIABILITY – CLAIMS–MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	Current Year Premiums Earned
1. Prior											
2. 1999											
3. 2000	XXX										
4. 2001	XXX	XXX									
5. 2002	XXX	XXX	XXX								
6. 2003	XXX	XXX	XXX	XXX							
7. 2004	XXX	XXX	XXX	XXX	XXX						
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SCHEDULE P – PART 7A – PRIMARY LOSS SENSITIVE CONTRACTS

($000 OMITTED)

SECTION 1

Schedule P—Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners						
2. Private Passenger Auto Liability/Medical						
3. Commercial Auto/Truck Liability/Medical						
4. Workers' Compensation						
5. Commercial Multiple Peril						
6. Medical Malpractice—Occurrence						
7. Medical Malpractice—Claims-made						
8. Special Liability						
9. Other Liability—Occurrence						
10. Other Liabilities—Claims-made						
11. Special Property						
12. Auto Physical Damage						
13. Fidelity/ Surety						
14. Other						
15. International						
16. Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability—Occurrence						
20. Products Liability—Claims-made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals						

For Reference Only

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 7A – PRIMARY LOSS SENSITIVE CONTRACTS (Continued)

SECTION 4

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 1999	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2000	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2001	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....
5. 2002	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....
6. 2003	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....
7. 2004	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

For Reference Only

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 1999	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2000	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2001	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....
5. 2002	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....
6. 2003	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....
7. 2004	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 7B – REINSURANCE LOSS SENSITIVE CONTRACTS

($000 OMITTED)

SECTION 1

Schedule P—Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners						
2. Private Passenger Auto Liability/Medical						
3. Commercial Auto/Truck Liability/Medical						
4. Workers' Compensation						
5. Commercial Multiple Peril						
6. Medical Malpractice—Occurrence						
7. Medical Malpractice—Claims-made						
8. Special Liability						
9. Other Liability—Occurrence						
10. Other Liability—Claims-made						
11. Special Property						
12. Auto Physical Damage						
13. Fidelity/ Surety						
14. Other						
15. International						
16. Reinsurance-Nonproportional Assumed Property						
17. Reinsurance-Nonproportional Assumed Liability						
18. Reinsurance-Nonproportional Assumed Financial Lines						
19. Products Liability—Occurrence						
20. Products Liability—Claims-made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals						

For Reference Only

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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SCHEDULE P – PART 7B – REINSURANCE LOSS SENSITIVE CONTRACTS (Continued)

SECTION 4

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

For Reference Only

SECTION 6

Years in Which Policies Were Issued	INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 7

Years in Which Policies Were Issued	RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR END ($000 OMITTED)									
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008
1. Prior										
2. 1999										
3. 2000	XXX									
4. 2001	XXX	XXX								
5. 2002	XXX	XXX	XXX							
6. 2003	XXX	XXX	XXX	XXX						
7. 2004	XXX	XXX	XXX	XXX	XXX					
8. 2005	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Malpractice Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.

1.1 Does the company issue Medical Malpractice Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [ ] No [ ]

If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? $_____

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [ ] No [ ]

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [ ] No [ ]

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [ ] No [ ] N/A [ ]

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Malpractice Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 1999		
1.603 2000		
1.604 2001		
1.605 2002		
1.606 2003		
1.607 2004		
1.608 2005		
1.609 2006		
1.610 2007		
1.611 2008		
1.612 Totals		

For Reference Only

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [ ] No [ ]

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [ ] No [ ]

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [ ] No [ ]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for:
(in thousands of dollars)

5.1 Fidelity $_____

5.2 Surety $_____

6. Claim count information is reported per claim or per claimant. (indicate which). _____

If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [ ] No [ ]

7.2 An extended statement may be attached.....

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken 2 Direct Premiums Written	3 Direct Premiums Earned	4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
1. Alabama AL									
2. Alaska AK									
3. Arizona AZ									
4. Arkansas AR									
5. California CA									
6. Colorado CO									
7. Connecticut CT									
8. Delaware DE									
9. Dist. Columbia DC									
10. Florida FL									
11. Georgia GA									
12. Hawaii HI									
13. Idaho ID									
14. Illinois IL									
15. Indiana IN									
16. Iowa IA									
17. Kansas KS									
18. Kentucky KY									
19. Louisiana LA									
20. Maine ME									
21. Maryland MD									
22. Massachusetts MA									
23. Michigan MI									
24. Minnesota MN									
25. Mississippi MS									
26. Missouri MO									
27. Montana MT									
28. Nebraska NE									
29. Nevada NV									
30. New Hampshire NH									
31. New Jersey NJ									
32. New Mexico NM									
33. New York NY									
34. No. Carolina NC									
35. No. Dakota ND									
36. Ohio OH									
37. Oklahoma OK									
38. Oregon OR									
39. Pennsylvania PA									
40. Rhode Island RI									
41. So. Carolina SC									
42. So. Dakota SD									
43. Tennessee TN									
44. Texas TX									
45. Utah UT									
46. Vermont VT									
47. Virginia VA									
48. Washington WA									
49. West Virginia WV									
50. Wisconsin WI									
51. Wyoming WY									
52. American Samoa AS									
53. Guam GU									
54. Puerto Rico PR									
55. U.S. Virgin Islands VI									
56. Northern Mariana Islands MP									
57. Canada CN									
58. Aggregate other alien OT	XXX								
59. Totals	(a)								
DETAILS OF WRITE-INS									
5801.	XXX								
5802.	XXX								
5803.	XXX								
5898. Sum. of remaining write-ins for Line 58 from overflow page	XXX								
5899. Totals (Lines 5801 through 5803+5898) (Line 58 above)	XXX								

Explanation of basis of allocation of premiums by states, etc.

(a) Insert the number of L responses except for Canada and Other Alien

For Reference Only

SCHEDULE T – PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States and Territories

States, Etc.	Direct Business Only					
	1	2	3	4	5	6
	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama AL						
2. Alaska AK						
3. Arizona AZ						
4. Arkansas AR						
5. California CA						
6. Colorado CO						
7. Connecticut CT						
8. Delaware DE						
9. District of Columbia DC						
10. Florida FL						
11. Georgia GA						
12. Hawaii HI						
13. Idaho ID						
14. Illinois IL						
15. Indiana IN						
16. Iowa IA						
17. Kansas KS						
18. Kentucky KY						
19. Louisiana LA						
20. Maine ME						
21. Maryland MD						
22. Massachusetts MA						
23. Michigan MI						
24. Minnesota MN						
25. Mississippi MS						
26. Missouri MO						
27. Montana MT						
28. Nebraska NE						
29. Nevada NV						
30. New Hampshire NH						
31. New Jersey NJ						
32. New Mexico NM						
33. New York NY						
34. North Carolina NC						
35. North Dakota ND						
36. Ohio OH						
37. Oklahoma OK						
38. Oregon OR						
39. Pennsylvania PA						
40. Rhode Island RI						
41. South Carolina SC						
42. South Dakota SD						
43. Tennessee TN						
44. Texas TX						
45. Utah UT						
46. Vermont VT						
47. Virginia VA						
48. Washington WA						
49. West Virginia WV						
50. Wisconsin WI						
51. Wyoming WY						
52. American Samoa AS						
53. Guam GU						
54. Puerto Rico PR						
55. US Virgin Islands VI						
56. Northern Mariana Islands MP						
57. Canada CN						
58. Aggregate Other Alien OT						
59. Totals						

For Reference Only

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

For Reference Only

SCHEDULE Y

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
9999999	Control Totals								xxx			

For Reference Only

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		RESPONSES
	MARCH FILING	
1.	Will an actuarial opinion be filed by March 1?	.....
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	.....
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	.....
6.	Will Management's Discussion and Analysis be filed by April 1?	.....
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....
	MAY FILING	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	.....
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	.....

For Reference Only

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

	MARCH FILING	
10.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....
11.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	.....
12.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....
13.	Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed by March 1?	.....
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	.....
15.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	.....
16.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	.....
17.	Will the Medicare Part D Coverage Supplement be filed wit the state of domicile and the NAIC by March 1?	.....
18.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	.....
19.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	.....
20.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	.....
	APRIL FILING	
21.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	.....
22.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....
23.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

For Reference Only

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings 1 Amount	Gross Investment Holdings 2 Percentage	Admitted Assets as Reported in the Annual Statement 3 Amount	Admitted Assets as Reported in the Annual Statement 4 Percentage
1. Bonds:				
1.1 U.S. treasury securities				
1.2 U.S. government agency obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies				
1.22 Issued by U.S. government sponsored agencies				
1.3 Foreign government (including Canada, excluding mortgage-backed securities)				
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations				
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations				
1.43 Revenue and assessment obligations				
1.44 Industrial development and similar obligations				
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Issued or guaranteed by GNMA				
1.512 Issued or guaranteed by FNMA and FHLMC				
1.513 All other				
1.52 CMOs and REMICs:				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA				
1.522 Issued by non-U..S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521				
1.523 All other				
2. Other debt and other fixed income securities (excluding short term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)				
2.2 Unaffiliated foreign securities				
2.3 Affiliated securities				
3. Equity interests:				
3.1 Investments in mutual funds				
3.2 Preferred stocks:				
3.21 Affiliated				
3.22 Unaffiliated				
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated				
3.32 Unaffiliated				
3.4 Other equity securities:				
3.41 Affiliated				
3.42 Unaffiliated				
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated				
3.52 Unaffiliated				
4. Mortgage loans:				
4.1 Construction and land development				
4.2 Agricultural				
4.3 Single family residential properties				
4.4 Multifamily residential properties				
4.5 Commercial loans				
4.6 Mezzanine real estate loans				
5. Real estate investments:				
5.1 Property occupied by company				
5.2 Property held for production of income (including $ ..... of property acquired in satisfaction of debt)				
5.3 Property held for sale (including $……. property acquired in satisfaction of debt)				
6. Contract loans				
7. Receivables for securities				
8. Cash, cash equivalents and short-term investments				
9. Other invested assets				
10. Total invested assets				

For Reference Only

SCHEDULE A – VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition (Part 2, Column 6)		
	2.2 Additional investment made after acquisition (Part 2, Column 9)		
3.	Current year change in encumbrances:		
	3.1 Totals, Part 1, Column 13		
	3.2 Totals, Part 3, Column 11		
4.	Total gain (loss) on disposals, Part 3, Column 18		
5.	Deduct amounts received on disposals, Part 3, Column 15		
6.	Total foreign exchange change in book/adjusted carrying value:		
	6.1 Totals, Part 1, Column 15		
	6.2 Totals, Part 3, Column 13		
7.	Deduct current year's other than temporary impairment recognized:		
	7.1 Totals, Part 1, Column 12.		
	7.2 Totals, Part 3, Column 10		
8.	Deduct current year's depreciation:		
	8.1 Totals, Part 1, Column 11		
	8.2 Totals, Part 3, Column 9		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

For Reference Only

SCHEDULE B – VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition (Part 2, Column 7)		
	2.2 Additional investment made after acquisition (Part 2, Column 8)		
3.	Capitalized deferred interest and other:		
	3.1 Totals, Part 1, Column 12		
	3.2 Totals, Part 3, Column 11		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease):		
	5.1 Totals, Part 1, Column 9		
	5.2 Totals, Part 3, Column 8		
6.	Total gain (loss) on disposals, Part 3, Column 18		
7.	Deduct amounts received on disposals, Part 3, Column 15		
8.	Deduct amortization of premium and mortgage interest points and commitment fees		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest:		
	9.1 Totals, Part 1, Column 13		
	9.2 Totals, Part 3, Column 13		
10.	Deduct current year's other than temporary impairment recognized:		
	10.1 Totals, Part 1, Column 11		
	10.2 Totals, Part 3, Column 10		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA – VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition (Part 2, Column 8)		
	2.2 Additional investment made after acquisition (Part 2, Column 9)		
3.	Capitalized deferred interest and other:		
	3.1 Totals, Part 1, Column 16		
	3.2 Totals, Part 3, Column 12		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease):		
	5.1 Totals, Part 1, Column 13		
	5.2 Totals, Part 3, Column 9		
6.	Total gain (loss) on disposals, Part 3, Column 19		
7.	Deduct amounts received on disposals, Part 3, Column 16		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value:		
	9.1 Totals, Part 1, Column 17		
	9.2 Totals, Part 3, Column 14		
10.	Deduct current year's other than temporary impairment recognized:		
	10.1 Totals, Part 1, Column 15		
	10.2 Totals, Part 3, Column 11		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

For Reference Only

SCHEDULE D – VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of bonds and stocks acquired, Column 7, Part 3		
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease):		
	4.1 Column 12, Part 1		
	4.2 Column 15, Part 2, Section 1		
	4.3 Column 13, Part 2, Section 2		
	4.4 Column 11, Part 4		
5.	Total gain (loss) on disposals, Column 19, Part 4		
6.	Deduction consideration for bonds and stocks disposed of, Column 7, Part 4		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value:		
	8.1 Column 15, Part 1		
	8.2 Column 19, Part 2, Section 1		
	8.3 Column 16, Part 2, Section 2		
	8.4 Column 15, Part 4		
9.	Deduct current year's other than temporary impairment recognized:		
	9.1 Column 14, Part 1,		
	9.2 Column 17, Part 2, Section 1		
	9.3 Column 14, Part 2, Section 2		
	9.4 Column 13, Part 4		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		

SCHEDULE D – SUMMARY BY COUNTRY

Long-Term Bonds and Stocks **OWNED** December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS Governments (Including all obligations guaranteed by governments)	1. United States				
	2. Canada				
	3. Other Countries				
	4. Totals				
States, Territories and Possessions (Direct and guaranteed)	5. United States				
	6. Canada				
	7. Other Countries				
	8. Totals				
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	9. United States				
	10. Canada				
	11. Other Countries				
	12. Totals				
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	13. United States				
	14. Canada				
	15. Other Countries				
	16. Totals				
Public Utilities (unaffiliated)	17. United States				
	18. Canada				
	19. Other Countries				
	20. Totals				
Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	21. United States				
	22. Canada				
	23. Other Countries				
	24. Totals				
Parent, Subsidiaries and Affiliates	25. Totals				
	26. Total Bonds				
PREFERRED STOCKS Public Utilities (unaffiliated)	27. United States				
	28. Canada				
	29. Other Countries				
	30. Totals				
Banks, Trust and Insurance Companies (unaffiliated)	31. United States				
	32. Canada				
	33. Other Countries				
	34. Totals				
Industrial and Miscellaneous (unaffiliated)	35. United States				
	36. Canada				
	37. Other Countries				
	38. Totals				
Parent, Subsidiaries and Affiliates	39. Totals				
	40. Total Preferred Stocks				
COMMON STOCKS Public Utilities (unaffiliated)	41. United States				
	42. Canada				
	43. Other Countries				
	44. Totals				
Banks, Trust and Insurance Companies (unaffiliated)	45. United States				
	46. Canada				
	47. Other Countries				
	48. Totals				
Industrial and Miscellaneous (unaffiliated)	49. United States				
	50. Canada				
	51. Other Countries				
	52. Totals				
Parent, Subsidiaries and Affiliates	53. Totals				
	54. Total Common Stocks				
	55. Total Stocks				
	56. Total Bonds and Stocks				

For Reference Only

SCHEDULE D – PART 1A – SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, (Group 1)											
1.1 Class 1											
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals											
2. All Other Governments, (Group 2)											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 Totals											
3. States, Territories and Possessions, etc., Guaranteed, (Group 3)											
3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, (Group 4)											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 Totals											
5. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, (Group 5)											
5.1 Class 1											
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals											

For Reference Only

SCHEDULE D – PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), (Group 6)											
6.1 Class 1											
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 Totals											
7. Industrial & Miscellaneous (Unaffiliated), (Group 7)											
7.1 Class 1											
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 Totals											
8. Credit Tenant Loans, (Group 8)											
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, (Group 9)											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 Totals											

For Reference Only

SCHEDULE D – PART 1A – SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	(d)							XXX	XXX		
10.2 Class 2	(d)							XXX	XXX		
10.3 Class 3	(d)							XXX	XXX		
10.4 Class 4	(d)							XXX	XXX		
10.5 Class 5	(d)					(c)		XXX	XXX		
10.6 Class 6	(d)					(c)		XXX	XXX		
10.7 Totals						(b)		XXX	XXX		
10.8 Line 10.7 as a % of Col. 6							XXX	XXX	XXX		
11. Total Bonds Prior Year											
11.1 Class 1						XXX	XXX				
11.2 Class 2						XXX	XXX				
11.3 Class 3						XXX	XXX				
11.4 Class 4						XXX	XXX				
11.5 Class 5						XXX	XXX	(c)			
11.6 Class 6						XXX	XXX	(c)			
11.7 Totals						XXX	XXX	(b)			
11.8 Line 11.7 as a % of Col. 8						XXX	XXX		XXX		
12. Total Publicly Traded Bonds											
12.1 Class 1											XXX
12.2 Class 2											XXX
12.3 Class 3											XXX
12.4 Class 4											XXX
12.5 Class 5											XXX
12.6 Class 6											XXX
12.7 Totals											XXX
12.8 Line 12.7 as a % of Col. 6.							XXX	XXX	XXX		XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX		XXX
13. Total Privately Placed Bonds											
13.1 Class 1										XXX	
13.2 Class 2										XXX	
13.3 Class 3										XXX	
13.4 Class 4										XXX	
13.5 Class 5										XXX	
13.6 Class 6										XXX	
13.7 Totals										XXX	
13.8 Line 13.7 as a % of Col. 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX	XXX	

(a) Includes $_____ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes $_____ current year, $_____ prior year of bonds with Z designations and $_____current year, $_____ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes $_____current year, $_____ prior year of bonds with 5* designations and $_____current year, $_____prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 $_____; NAIC 2 $_____; NAIC 3 $_____; NAIC 4 $_____; NAIC 5 $_____; NAIC 6 $_____.

For Reference Only

SCHEDULE D – PART 1A – SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments, (Group 1)											
1.1 Issuer Obligations											
1.2 Single Class Mortgage-Backed/Asset-Backed Securities											
1.7 Totals											
2. All Other Governments, (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI -CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
2.5 Defined											
2.6 Other											
2.7 Totals											
3. States, Territories and Possessions, Guaranteed, (Group 3)											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI -CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
3.5 Defined											
3.6 Other											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, (Group 4)											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI -CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
4.5 Defined											
4.6 Other											
4.7 Totals											
5. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, (Group 5)											
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI -CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
5.5 Defined											
5.6 Other											
5.7 Totals											

For Reference Only

SCHEDULE D – PART 1A – SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated), (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI -CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 Totals											
7. Industrial & Miscellaneous (Unaffiliated), (Group 7)											
7.1 Issuer Obligations											
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI -CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 Totals											
8. Credit Tenant Loans, (Group 8)											
8.1 Issuer Obligations											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI -CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 Totals											

For Reference Only

SCHEDULE D – PART 1A – SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations								XXX	XXX		
10.2 Single Class Mortgage-Backed/Asset-Backed Securities								XXX	XXX		
MULTI -CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								XXX	XXX		
10.4 Other								XXX	XXX		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								XXX	XXX		
10.6 Other								XXX	XXX		
10.7 Totals								XXX	XXX		
10.8 Lines 10.7 as a % Col. 6							XXX	XXX	XXX		
11. Total Bonds Prior Year											
11.1 Issuer Obligations						XXX	XXX				
11.2 Single Class Mortgage-Backed/Asset-Backed Securities						XXX	XXX				
MULTI -CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						XXX	XXX				
11.4 Other						XXX	XXX				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						XXX	XXX				
11.6 Other						XXX	XXX				
11.7 Totals						XXX	XXX				
11.8 Line 11.7 as a % of Col. 8						XXX	XXX		XXX		
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations											XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											XXX
MULTI -CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											XXX
12.4 Other											XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											XXX
12.6 Other											XXX
12.7 Totals											XXX
12.8 Line 12.7 as a % of Col. 6							XXX	XXX	XXX		XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX		XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										XXX	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities										XXX	
MULTI -CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										XXX	
13.4 Other										XXX	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										XXX	
13.6 Other										XXX	
13.7 Totals										XXX	
13.8 Line 13.7 as a % of Col. 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX	XXX	

For Reference Only

SCHEDULE DA – VERIFICATION BETWEEN YEARS

Short-Term Investments

	1 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year					
2. Cost of short-term investments acquired					
3. Accrual of discount					
4. Unrealized valuation increase (decrease)					
5. Total gain (loss) on disposals					
6. Deduct consideration received on disposals					
7. Deduct amortization of premium					
8. Total foreign exchange change in book/adjusted carrying value					
9. Deduct current year's other than temporary impairment recognized					
10. Book adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)					
11. Deduct total nonadmitted amounts					
12. Statement value at end of current period (Line 10 minus Line 11)					

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:_____.

For Reference Only

SCHEDULE DB – PART A – VERIFICATION BETWEEN YEARS

Options, Caps, Floors and Insurance Futures Options Owned

1.	Book value, December 31, prior year (Line 8, prior year)		
2.	Cost/Option Premium (Section 2, Column 7)		
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)		
4.	Gain/(Loss) on Termination:		
	4.1 Recognized (Sec. 3, Column 14)		
	4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15)		
5.	Consideration Received on Terminations (Section 3, Column 12)		
6.	Used to Adjust Basis on Open Contracts (Sec. 1, Column 13)		
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:		
	7.1 Recognized		
	7.2 Used to Adjust Basis of Hedged Item		
8.	Book value, December 31, current year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)		

For Reference Only

SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS

Options, Caps, Floors and Insurance Futures Options Written

1.	Book value, December 31, prior year (Line 8, prior year)		
2.	Consideration received (Section 2, Column 7)		
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)		
4.	Gain/(Loss) on Termination:		
	4.1 Recognized (Section 3, Column 14)		
	4.2 Used to Adjust Basis (Section 3, Column 15)		
5.	Consideration Paid on Terminations (Section 3, Column 12)		
6.	Used to Adjust Basis on Open Contracts (Section 1, Column 13)		
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:		
	7.1 Recognized		
	7.2 Used to Adjust Basis		
8.	Book value, December 31, current year		

SCHEDULE DB – PART C – VERIFICATION BETWEEN YEARS

Swaps and Forwards

1.	Book value, December 31, prior year (Line 8, prior year)		
2.	Cost or (Consideration Received) (Section 2, Column 7)		
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)		
4.	Gain/(Loss) on Termination:		
	4.1 Recognized (Section 3, Column 14)		
	4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15)		
5.	Consideration Received (or Paid) on Terminations (Section 3, Column 12)		
6.	Used to Adjust Basis of Hedged Item on Open Contracts (Section 1, Column 13)		
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:		
	7.1 Recognized		
	7.2 Used to Adjust Basis of Hedged Item		
8.	Book value, December 31, current year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)		

SCHEDULE DB – PART D – VERIFICATION BETWEEN YEARS

Futures Contracts and Insurance Futures Contracts

For Reference Only

1.	Book value, December 31, prior year (Line 8, prior year)			
2.	Change in total Variation Margin on Open Contracts (Difference between years-Section 1, Column 6)			
3.1	Change in Variation Margin on Open Contracts Used to Adjust Basis of Hedged Item (Section 1, Column 11)			
3.2	Change in Variation Margin on Open Contracts Recognized (Difference between years-Section 1, Column 10)			
4.1	Variation Margin on Contracts Terminated During the Year (Section 3, Column 6)			
4.2	Less:			
	4.21 Gain/(Loss) Recognized in Current Year (Section 3, Column 11)			
	4.22 Gain/(Loss) Used to Adjust Basis of Hedge (Section 3, Column 12)			
4.3	Subtotal (Line 4.1 minus Line 4.2)			
5.1	Net Additions to Cash Deposits (Section 2, Column 7)			
5.2	Less: Net Reductions to Cash Deposits (Sec. 3, Column 9)			
6.	Subtotal (Lines 1-2+3.1+3.2-4.3+5.2)			
7.	Disposition of Gain / (Loss) on Contracts Terminated in Prior Year:			
	7.1 Recognized			
	7.2 Used to Adjust Basis of Hedged Item			
8.	Book value, December 31, current year (Lines 6 + 7.1 +7.2)			

SCHEDULE DB – PART E – VERIFICATION

Statement Value and Fair Value of Open Contracts

			Statement Value
1.	Part A, Section 1, Column 10		
2.	Part B, Section 1, Column 10		
3.	Part C, Section 1, Column 10		
4.	Part D, Section 1, Column 9 – 12		
5.	Lines (1) - (2) + (3) + (4)		
6.	Part E, Section 1, Column 4		
7.	Part E, Section 1, Column 5		
8.	Lines (5) – (6) – (7)		
			Fair Value
9.	Part A, Section 1, Column 11		
10.	Part B, Section 1, Column 11		
11.	Part C, Section 1, Column 11		
12.	Part D, Section 1, Column 9		
13.	Lines (9) - (10) + (11) + (12)		
14.	Part E, Section 1, Column 7		
15.	Part E, Section 1, Column 8		
16.	Lines (13) - (14) - (15)		

SCHEDULE DB – PART F – SECTION 1

Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
					Derivative Instruments Open		Cash Instrument(s) Held				
1 Replication RSAT Number	2 Description	3 NAIC Designation or Other Description	4 Statement Value	5 Fair Value	6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description
9999999	Totals				xxx		xxx	xxx			xxx

For Reference Only

SCHEDULE DB – PART F – SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1 Number of Positions	2 Total Replicated (Synthetic) Assets Statement Value	3 Number of Positions	4 Total Replicated (Synthetic) Assets Statement Value	5 Number of Positions	6 Total Replicated (Synthetic) Assets Statement Value	7 Number of Positions	8 Total Replicated (Synthetic) Assets Statement Value	9 Number of Positions	10 Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replicated Asset Statement Value	xxx		xxx		xxx		xxx		xxx	
4. Less: Closed or Disposed of Transactions										
5. Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value	xxx		xxx		xxx		xxx		xxx	
7. Ending Inventory										

For Reference Only

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SCHEDULE E – VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1 Total	2 Bonds	3 Other (a)
1. Book/adjusted carrying value, December 31 of prior year			
2. Cost of cash equivalents acquired			
3. Accrual of discount			
4. Unrealized valuation increase (decrease)			
5. Total gain (loss) on disposals			
6. Deduct consideration received on disposals			
7. Deduct amortization of premium			
8. Total foreign exchange change in book/adjusted carrying value			
9. Deduct current year's other than temporary impairment recognized			
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)			
11. Deduct total nonadmitted amounts			
12. Statement value at end of current period (Lines 10 minus Line 11)			

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment.

For Reference Only

SCHEDULE A – PART 1

Showing All Real Estate OWNED December 31 of Current Year

1	2	Location		5	6	7	8	9	10	Change in Book/Adjusted Carrying Value Less Encumbrances					16	17
		3	4							11	12	13	14	15		
Description of Property	Code	City	State	Date Acquired	Date of Last Appraisal	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Fair Value Less Encumbrances	Current Year's Depreciation	Current Year's Other Than Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A.C.V. (13-11-12)	Total Foreign Exchange Change in B./A.C.V.	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs, and Expenses Incurred
0699999 Totals																

For Reference Only

SCHEDULE A – PART 2

Showing All Real Estate ACQUIRED and Additions Made During the Year

1	Location		4	5	6	7	8	9
	2	3						
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition
0399999 Totals								

For Reference Only

SCHEDULE A – PART 3

Showing All Real Estate DISPOSED During the Year, Including Payments During the Final Year on "Sales Under Contract"

1	Location		4	5	6	7	8	Change in Book/Adjusted Carrying Value Less Encumbrances					14	15	16	17	18	19	20
	2	3						9	10	11	12	13							
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book/ Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Depreciation	Current Year's Other Than Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A.C.V. (11-9-10)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value Less Encumbrances	Amounts Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred
0399999 Total																			

For Reference Only

SCHEDULE B – PART 1

Showing All Mortgage Loans OWNED December 31 of Current Year

1	2	Location		5	6	7	8	Change in Book Value/Recorded Investment					14	15
		3	4					9	10	11	12	13		
Loan Number	Code	City	State	Loan Type	Date Acquired	Rate of Interest	Book Value/ Recorded Investment Excluding Accrued Interest	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change in Book Value	Value of Land and Buildings	Date of Last Appraisal or Valuation
3399999	Totals													XXX

For Reference Only

General Interrogatory:

1. Mortgages in good standing $……unpaid taxes $…… interest due and unpaid.
2. Restructured mortgages $…… unpaid taxes $…… interest due and unpaid.
3. Mortgages with overdue interest over 90 days not in process of foreclosure $…… unpaid taxes $…… interest due and unpaid.
4. Mortgages in process of foreclosure $…… unpaid taxes $…… interest due and unpaid.

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SCHEDULE B – PART 2

Showing All Mortgage Loans ACQUIRED During the Current Year

1	Location		4	5	6	7	8	9
	2	3						
Loan Number	City	State	Loan Type	Date Acquired	Rate of Interest	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Value of Land and Buildings
3399999 Totals								

For Reference Only

SCHEDULE B – PART 3

Showing All Mortgage Loans DISPOSED, Transferred or Repaid During the Current Year

1	Location		4	5	6	7	Change in Book Value/Recorded Investment						14	15	16	17	18
	2	3					8	9	10	11	12	13					
Loan Number	City	State	Loan Type	Date Acquired	Disposal Date	Book Value/Recorded Investment Excluding Accrued Interest Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in Book Value (8+9-10+11)	Total Foreign Exchange Change in Book Value	Book Value/Recorded Investment Excluding Accrued Interest on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal
0599999	Totals																

For Reference Only

SCHEDULE BA – PART 1

Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

1	2	3	Location		6	7	8	9	10	11	12	Change in Book/Adjusted Carrying Value					18	19	20
			4	5								13	14	15	16	17			
CUSIP Identification	Name or Description	Code	City	State	Name of Vendor or General Partner	NAIC Designation	Date Originally Acquired	Type and Strategy	Actual Cost	Fair Value	Book/ Adjusted Carrying Value Less Encumbrances	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization)/ Accretion	Current Year's Other than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change in B./A.C.V.	Investment Income	Commitment for Additional Investment	Percentage of Ownership
4199999 Totals																			XXX

For Reference Only

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SCHEDULE BA – PART 2

Showing Other Long-Term Invested Assets ACQUIRED December 31 of Current Year

1	2	Location		5	6	7	8	9	10	11
		3	4							
CUSIP Identification	Name or Description	City	State	Name of Vendor or General Partner	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Percentage of Ownership
4199999 Totals										XXX

For Reference Only

SCHEDULE BA – PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Year

1	2	Location		5	6	7	8	Change in Book/Adjusted Carrying Value						15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B./A.C.V. (9+10-11+12)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income
4199999 Totals																			

For Reference Only

SCHEDULE D – PART 1

Showing All Long-Term **BONDS** Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used To Obtain Fair Value	Fair Value	Par Value	Book / Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Maturity
6099999	Total Bonds						xxx								xxx	xxx	xxx			xxx	xxx

For Reference Only

SCHEDULE D – PART 2 – SECTION 1

Showing All **PREFERRED STOCKS** Owned December 31 of Current Year

1	2	Codes		5	6	7	8	Fair Value		11	Dividends			Change in Book/Adjusted Carrying Value					20	21
		3	4					9	10		12	13	14	15	16	17	18	19		
CUSIP Identification	Description	Code	Foreign	Number of Shares	Par Value Per Share	Rate Per Share	Book/ Adjusted Carrying Value	Rate per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (15+16-17)	Total Foreign Exchange Change in B./A.C.V.	NAIC Designation	Date Acquired
6599999	Total Preferred Stocks							XXX											XXX	XXX

For Reference Only

SCHEDULE D – PART 2 – SECTION 2

Showing all **COMMON STOCKS** Owned December 31 of Current Year

1	2	Codes		5	6	Fair Value		9	Dividends			Change in Book/Adjusted Carrying Value				17	18
		3	4			7	8		10	11	12	13	14	15	16		
CUSIP Identification	Description	Code	Foreign	Number of Shares	Book/Adjusted Carrying Value	Rate per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (13-14)	Total Foreign Exchange Change in B./A.C.V.	NAIC Market Indicator (a)	Date Acquired
7299999	Total Common Stocks					XXX										XXX	XXX
7399999	Total Preferred and Common Stocks					XXX										XXX	XXX

(a) For all common stocks bearing the NAIC market indicator "U" provide: the number of such issues _____, the total $ value (included in Column 8) of all such issues $_____

For Reference Only

SCHEDULE D – PART 3

Showing all Long-Term Bonds and Stocks **ACQUIRED** During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
7499999 Totals							XXX	

For Reference Only

SCHEDULE D – PART 4

Showing all Long-Term Bonds and Stocks **SOLD, REDEEMED** or Otherwise **DISPOSED OF** During Current Year

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date
7499999	Totals						xxx													xxx

For Reference Only

SCHEDULE D – PART 5

Showing all Long-Term Bonds and Stocks **ACQUIRED** During Year and Fully **DISPOSED OF** During Current Year

1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value					17	18	19	20	21
											12	13	14	15	16					
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stock)	Actual Cost	Consideration	Book/ Adjusted Carrying Value at Disposal	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (12+13-14)	Total Foreign Exchange Change in B./A.C.V.	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends
	BONDS																			
6099998	Subtotal Bonds																			
	STOCKS																			
7399999	Subtotal-Stocks																			
7499999	Totals																			

For Reference Only

SCHEDULE D – PART 6 – SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1	2	3	4	5	6	7	8	Stock of Such Company Owned by Insurer on Statement Date	
								9	10
CUSIP Identification	Description Name of Subsidiary, Controlled or Affiliated Company	Foreign	NAIC Company Code or Alien Insurer Identification Number	NAIC Valuation Method (See SVO Purposes and Procedures Manual)	Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	Total Amount of Such Intangible Assets	Book / Adjusted Carrying Value	Number of Shares	% of Outstanding
1999999	Totals							XXX	XXX

For Reference Only

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: $.....
2. Total amount of intangible assets nonadmitted $.....

SCHEDULE D – PART 6 – SECTION 2

1	2	3	4	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5	6
CUSIP Identification	Name of Lower-Tier Company	Name of Company Listed in Section 1 Which Controls Lower-Tier Company	Total Amount of Intangible Assets Included in Amount Shown in Column 7, Section 1	Number of Shares	% of Outstanding
0399999	Total			XXX	XXX

SCHEDULE DA – PART 1

Showing all **SHORT-TERM INVESTMENTS** Owned December 31 of Current Year

1	Codes		4	5	6	7	Change In Book/Adjusted Carrying Value				12	13	Interest						20
	2	3					8	9	10	11			14	15	16	17	18	19	
Description	Code	Foreign	Date Acquired	Name of Vendor	Maturity Date	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due and Accrued Dec 31 of Current Year on Bond Not in Default	Non-Admitted Due And Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest
8299999 Totals											xxx				xxx	xxx	xxx		

For Reference Only

SCHEDULE DB – PART A – SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Owned December 31 of Current Year

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Acquisition	6 Exchange or Counterparty	7 Cost/ Option Premium	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Increase/(Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment / Miscellaneous Income
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2599999	Subtotal – Hedging Transactions							xxx					
2799999	Subtotal – Other Derivative Transactions							xxx					
9999999	Totals							xxx					

SCHEDULE DB – PART A – SECTION 2

Showing all Options, Caps, Floors and Insurance Futures Options Acquired During Current Year

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Acquisition	6 Exchange or Counterparty	7 Cost/ Option Premium
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
2599999	Subtotal – Hedging Transactions					
2799999	Subtotal – Other Derivative Transactions					
9999999	Total					

For Reference only

SCHEDULE DB – PART A – SECTION 3

Showing all Owned Options, Caps, Floors and Insurance Futures Options Terminated During Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	Gain (Loss) on Termination			17
													14	15	16	
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Acquisition	Exchange or Counterparty	Cost/ Option Premium	Indicate Exercise, Expiration, Maturity or Sale	Termination Date	Book Value	*	Consideration Received on Terminations	Increase/ (Decrease) by Adjustment	Recognized	Used to Adjust Basis of Hedged Item	Deferred	Other Investment/ Miscellaneous Income
2599999 Subtotal – Hedging Transactions							xxx	xxx		xxx						
2799999 Subtotal – Other Derivative Transactions							xxx	xxx		xxx						
9999999 Totals							xxx	xxx		xxx						

SCHEDULE DB – PART B – SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Written and In-Force December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike, Price, Rate or Index	Date of Issuance/ Purchase	Exchange or Counterparty	Consideration Received	Book Value	*	Statement Value	Fair Value	Increase/ (Decrease) by Adjustment	Used to Adjust Basis	Other Investment/ Miscellaneous Income
2599999 Subtotal – Hedging Transactions								xxx					
2699999 Subtotal – Income Generation Transactions								xxx					
2799999 Subtotal – Other Derivative Transactions								xxx					
9999999 Totals								xxx					

For Reference Only

SCHEDULE DB – PART B – SECTION 2

Showing all Options, Caps, Floors and Insurance Futures Options Written During Current Year

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Issuance/ Purchase	6 Exchange or Counterparty	7 Consideration Received
2599999 Subtotal – Hedging Transactions						
2699999 Subtotal – Income Generation Transactions						
2799999 Subtotal – Other Derivative Transactions						
9999999 Total						

SCHEDULE DB – PART B – SECTION 3

Showing all Written Options, Caps, Floors and Insurance Futures Options Terminated During Current Year

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Issuance/ Purchase	6 Exchange or Counterparty	7 Consideration Received	8 Indicate Exercise, Expiration, Maturity or Closing Purchase Transaction	9 Termination Date	10 Book Value	11 *	12 Consideration Paid on Terminations	13 Increase/ (Decrease) by Adjustment	Gain/(Loss) on Termination 14 Recognized	15 Used to Adjust Basis	16 Deferred	17 Other Investment/ Miscellaneous Income
2599999 Subtotal – Hedging Transactions							xxx	xxx		xxx						
2699999 Subtotal – Income Generation Transactions							xxx	xxx		xxx						
2799999 Subtotal – Other Derivative Transactions							xxx	xxx		xxx						
9999999 Totals							xxx	xxx		xxx						

For Reference Only

SCHEDULE DB – PART C – SECTION 1

Showing all Collar, Swap and Forwards Open December 31 of Current Year

1 Description	2 Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index Rec (Pay)	5 Date of Opening Position or Agreement	6 Exchange or Counterparty	7 Cost or (Consideration Received)	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income	15 Potential Exposure
2599999 Subtotal – Hedging Transactions								xxx						
2799999 Subtotal – Other Derivative Transactions								xxx						
9999999 Totals								xxx						

SCHEDULE DB – PART C – SECTION 2

Showing all Collar, Swap and Forwards Opened During Current Year

1 Description	2 Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index Rec (Pay)	5 Date of Opening Position or Agreement	6 Exchange or Counterparty	7 Cost or (Consideration Received)
2599999 Subtotal – Hedging Transactions						
2799999 Subtotal – Other Derivative Transactions						
9999999 Total						

For Reference Only

SCHEDULE DB – PART C – SECTION 3

Showing all Collar, Swap and Forwards Terminated During Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	Gain/(Loss) on Termination			17
													14	15	16	
Description	Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index Rec (Pay)	Date of Opening Position or Agreement	Exchange or Counterparty	Cost or (Consideration Received)	Indicate Exercise, Expiration, Maturity or Sale	Termination Date	Book Value	*	Consideration Received or (Paid) on Terminations	Increase (Decrease) by Adjustment	Recognized	Used to Adjust Basis of Hedged Item	Deferred	Other Investment / Miscellaneous Income
2599999 Subtotal – Hedging Transactions							xxx	xxx		xxx						
2799999 Subtotal – Other Derivative Transactions							xxx	xxx		xxx						
9999999 Totals							xxx	xxx		xxx						

SCHEDULE DB – PART D – SECTION 1

Showing all Futures Contracts and Insurance Futures Contracts Open December 31 of Current Year

1	2	3	4	5	6	7	8	9	Variation Margin Information			13
									10	11	12	
Description	Number of Contracts	Maturity Date	Original Value	Current Value	Variation Margin	Date of Opening Position	Exchange or Counterparty	Cash Deposit	Recognized	Used to Adjust Basis of Hedged Item	Deferred	Potential Exposure
2599999 Subtotal – Hedging Transactions						xxx	xxx					
2799999 Subtotal – Other Derivative Transactions						xxx	xxx					
9999999 Totals						xxx	xxx					

For Reference Only

SCHEDULE DB – PART D – SECTION 2

Showing all Futures Contracts and Insurance Futures Contracts Opened During Current Year

1 Description	2 Number of Contracts	3 Maturity Date	4 Original Value	5 Date of Opening Position	6 Exchange or Counterparty	7 Net Additions to Cash Deposits
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
2599999 Subtotal – Hedging Transactions				xxx	xxx	
2799999 Subtotal – Other Derivative Transactions				xxx	xxx	
9999999 Totals				xxx	xxx	

For Reference Only

SCHEDULE DB – PART D – SECTION 3

Showing all Futures Contracts and Insurance Futures Contracts Terminated During Current Year

1 Description	2 Number of Contracts	3 Maturity Date	4 Original Value	5 Termination Value	6 Variation Margin	7 Date of Opening Position	8 Exchange or Counterparty	9 Net Reduction to Cash Deposits	10 Termination Date	Variation Margin Information 11 Gain (Loss) Recognized	12 Gain (Loss) Used to Adjust Basis of Hedged Item	13 Gain (Loss) Deferred
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2599999 Subtotal – Hedging Transactions						xxx	xxx		xxx			
2799999 Subtotal – Other Derivative Transactions						xxx	xxx		xxx			
9999999 Totals						xxx	xxx		xxx			

SCHEDULE DB – PART E – SECTION 1

Showing Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

1	2	3	Statement Value			Fair Value			10	11
			4	5	6	7	8	9		
Description Counterparty or Exchange Traded	Master Agreement (Y or N)	Fair Value of Acceptable Collateral	Contracts Statement Value > 0	Contracts Statement Value < 0	Exposure Net of Collateral	Contracts Fair Value > 0	Contracts Fair Value < 0	Exposure Net of Collateral	Potential Exposure	Off-Balance Sheet Exposure
0899999 Totals										

For Reference Only

SCHEDULE E – PART 1 – CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
OPEN DEPOSITORIES						
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
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.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
.....	.....	.....	.....	.....	.....	XXX
0199998 Deposits in……depositories that do not exceed the allowable limit in any one depository (See Instructions)-open depositories.....	XXX	XXX	.....	.....	.....	XXX
0199999 Totals-Open Depositories.....	XXX	XXX	.....	.....	.....	XXX
SUSPENDED DEPOSITORIES						
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
0299998 Deposits in .....depositories that do not exceed the allowable limit in any one depository (See Instructions)-suspended depositories.....	XXX	XXX	.....	.....	.....	XXX
0299999 Totals – Suspended Depositories.....	XXX	XXX	.....	.....	.....	XXX
0399999 Total Cash on Deposit.....	XXX	XXX	.....	.....	.....	XXX
0499999 Cash in Company's Office.....	XXX	XXX	XXX	XXX	.....	XXX
0599999 Total Cash	XXX	XXX				XXX

For Reference Only

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January	.....	4. April	.....	7. July	.....	10. October	.....
2. February	.....	5. May	.....	8. August	.....	11. November	.....
3. March		6. June		9. September		12. December	

SCHEDULE E – PART 2 – CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
8799999 Total Cash Equivalents							

For Reference Only

SCHEDULE E – PART 3 – SPECIAL DEPOSITS

States, etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits ~~with the State of Domicile~~ For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama AL						
2. Alaska AK						
3. Arizona AL						
4. Arkansas AZ						
5. California CA						
6. Colorado CO						
7. Connecticut CT						
8. Delaware DE						
9. District of Columbia DC						
10. Florida FL						
11. Georgia GA						
12. Hawaii HI						
13. Idaho ID						
14. Illinois IL						
15. Indiana IN						
16. Iowa IA						
17. Kansas KS						
18. Kentucky KY						
19. Louisiana LA						
20. Maine MA						
21. Maryland MD						
22. Massachusetts MA						
23. Michigan MI						
24. Minnesota MN						
25. Mississippi MS						
26. Missouri MO						
27. Montana MT						
28. Nebraska NE						
29. Nevada NV						
30. New Hampshire NH						
31. New Jersey NJ						
32. New Mexico NM						
33. New York NY						
34. North Carolina NC						
35. North Dakota ND						
36. Ohio OH						
37. Oklahoma OK						
38. Oregon OR						
39. Pennsylvania PA						
40. Rhode Island RI						
41. South Carolina SC						
42. South Dakota SD						
43. Tennessee TN						
44. Texas TX						
45. Utah UT						
46. Vermont VA						
47. Virginia VA						
48. Washington WA						
49. West Virginia WV						
50. Wisconsin WI						
51. Wyoming WY						
52. American Samoa AS						
53. Guam GU						
54. Puerto Rico PR						
55. US Virgin Islands VI						
56. Northern Mariana Islands MP						
57. Canada CN						
58. Aggregate Alien and Other OT	xxx	xxx				
59. Total	xxx	xxx				
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Sum of remaining write-ins for Line 58 from overflow page	xxx	xxx				
5899. Totals (Lines 5801 – 5803 + 5898) (Line 58 above)	xxx	xxx				

For Reference Only

.....
Affix Bar Code Above

SUPPLEMENTAL COMPENSATION EXHIBIT

For The Year Ended December 31, 2008
(To Be Filed by March 1)

PART 1 – INTERROGATORIES

1. The reporting insurer is a member of a group of insurers or other holding company system: ____ yes ____ no. If yes, do the amounts below represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes [ ]; or 2) allocation to each insurer: Yes [ ].
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [ ] No [ ]
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes [ ] No [ ]

PART 2 – OFFICERS AND EMPLOYEES COMPENSATION

1	2	Annual Compensation			
		3	4	5	6
Name and Principal Position	Year	Salary	Bonus	All Other Compensation	Totals
Chief Executive Officer-	.....2008.....	.....	.....	.....	.....
	.....2007.....	.....	.....	.....	.....
	2006				
1.	.....2008.....	.....	.....	.....	.....
	.....2007.....	.....	.....	.....	.....
	2006				
2.	.....2008.....	.....	.....	.....	.....
	.....2007.....	.....	.....	.....	.....
	2006				
3.	.....2008.....	.....	.....	.....	.....
	.....2007.....	.....	.....	.....	.....
	2006				
4.	.....2008.....	.....	.....	.....	.....
	.....2007.....	.....	.....	.....	.....
	2006				
5.	.....2008.....	.....	.....	.....	.....
	.....2007.....	.....	.....	.....	.....
	2006				
6.	.....2008.....	.....	.....	.....	.....
	.....2007.....	.....	.....	.....	.....
	2006				
7.	.....2008.....	.....	.....	.....	.....
	.....2007.....	.....	.....	.....	.....
	2006				
8.	.....2008.....	.....	.....	.....	.....
	.....2007.....	.....	.....	.....	.....
	2006				
9.	.....2008.....	.....	.....	.....	.....
	.....2007.....	.....	.....	.....	.....
	2006				

For Reference Only

PART 3 – DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation	2 Compensation Paid or Deferred for Services as Director	3 All Other Compensation Paid or Deferred	4 Totals

.

.....
Affix Bar Code Above

INSURANCE EXPENSE EXHIBIT

For The Year Ended December 31, 2008
(To Be Filed by April 1)

OF THE (Name) .....

ADDRESS (City, State and Zip Code) .....

NAIC Group Code ..... NAIC Company Code ..... Employer's Identification Number (FEIN) .....

Contact Person ..... Title ..... Telephone (.....) .....

IF MODIFICATIONS AND/OR CHANGES AFFECTING THIS EXHIBIT ARE MADE TO THE ANNUAL STATEMENT SUBSEQUENT TO THE FILING OF THIS EXHIBIT, AN AMENDED ANNUAL STATEMENT AND INSURANCE EXPENSE EXHIBIT MUST BE FILED WITH THE APPROPRIATE INSURANCE DEPARTMENT.

For Reference Only

(1) Refer to the *Annual Statement Instructions* appendix for Uniform Classification of Expenses for definition of Expense Groups and instructions for allocation of expenses to lines of business.
(2) Compute all ratios to nearest fourth place and express as percentages, e.g. 48.3.
(3) There should be submitted in Interrogatory 4 a detailed statement or footnote with respect to any item or items requiring special comment or explanation.
(4) Parts I, II and III only: Report all amounts to the nearest thousand or through truncation of digits below a thousand. (Example: $602,503 may be reported as $603 by rounding or as $602 by truncation.)
(5) Interrogatories only: Report all amounts in whole dollars. Do NOT omit thousands.
(6) Each individual insurer whether or not a member of a group must submit this exhibit.

INTERROGATORIES

1. Change in reserve for deferred maternity and other similar benefits are reflected in:

   1.1 Premiums Earned ..... [ ]

   1.2 Losses Incurred ..... [ ]

   1.3 Not Applicable ..... [ ]

2. Indicate amounts received from securities subject to proration for federal tax purposes. Report amounts in whole dollars only:

   2.1 Amount included on Exhibit of Net Investment Income, Line 1.1, Column 2 ..... $.....

   2.2 Amount included on Exhibit of Net Investment Income, Line 2.1, Column 2 ..... $.....

   2.3 Amount included on Exhibit of Net Investment Income, Line 2.11, Column 2 ..... $.....

   2.4 Amount included on Exhibit of Net Investment Income, Line 2.2, Column 2 ..... $.....

   2.5 Amount included on Exhibit of Net Investment Income, Line 2.21, Column 2 ..... $.....

For Reference Only

3. Indicate amounts shown in the Annual Statement for the following items. Report amounts in whole dollars only:

   3.1 Net Investment Income, Page 4, Line 9, Column 1 ..... $.....

   3.2 Net realized Capital Gain or (Loss), Page 4, Line 10, Column 1 ..... $.....

4.1 The information provided in the Insurance Expense Exhibit will be used by many persons to estimate the allocation of expenses and profit to the various lines of business. Are there any items requiring special comment or explanation? Yes [ ] No [ ]

4.2 Are items allocated to lines of business in Parts II and III using methods not defined in the instructions? Statement may be attached. Yes [ ] No [ ]

4.3 If yes, explain:.....
.....
.....
.....
.....

PART I – ALLOCATION TO EXPENSE GROUPS
(000 OMITTED)

Operating Expense Classifications	1 Loss Adjustment Expense	Other Underwriting Expenses 2 Acquisition, Field Supervision and Collection Expenses	3 General Expenses	4 Taxes, Licenses and Fees	5 Investment Expenses	6 Total Expenses
1. Claim adjustment services:						
1.1 Direct						
1.2 Reinsurance assumed						
1.3 Reinsurance ceded						
1.4 Net claim adjustment services (Lines 1.1+1.2-1.3)						
2. Commission and brokerage:						
2.1 Direct excluding contingent						
2.2 Reinsurance assumed excluding contingent						
2.3 Reinsurance ceded excluding contingent						
2.4 Contingent—direct						
2.5 Contingent—reinsurance assumed						
2.6 Contingent—reinsurance ceded						
2.7 Policy and membership fees						
2.8 Net commission and brokerage (Lines 2.1+2.2-2.3+2.4+2.5-2.6+2.7)						
3. Allowances to managers and agents						
4. Advertising						
5. Boards, bureaus and associations						
6. Surveys and underwriting reports						
7. Audit of assureds' records						
8. Salary related items:						
8.1 Salaries						
8.2 Payroll taxes						
9. Employee relations and welfare						
10. Insurance						
11. Directors' fees						
12. Travel and travel items						
13. Rent and rent items						
14. Equipment						
15. Cost or depreciation of EDP equipment and software						
16. Printing and stationery						
17. Postage, telephone and telegraph, exchange and express						
18. Legal and auditing						
19. Totals (Lines 3 to 18)						
20. Taxes, licenses and fees:						
20.1 State and local insurance taxes deducting guaranty association credits of $						
20.2 Insurance department licenses and fees						
20.3 Gross guaranty association assessments						
20.4 All other (excl. Fed. and foreign income and real estate)						
20.5 Total taxes, licenses and fees (Lines 20.1+20.2+20.3+20.4)						
21. Real estate expenses						
22. Real estate taxes						
23. Reimbursements by uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX
24. Aggregate write-ins for miscellaneous operating expenses						
25. TOTAL EXPENSES INCURRED						
DETAILS OF WRITE-INS						
2401.						
2402.						
2403.						
2498. Summary of remaining write-ins for Line 24 from overflow page						
2499. TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)						

For Reference Only

PART II – ALLOCATION TO LINES OF BUSINESS NET OF REINSURANCE

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS AND PERCENTAGES TO PREMIUMS EARNED FOR BUSINESS NET OF REINSURANCE

(000 OMITTED)

	Premiums Written (Pg. 8, Pt. 1B, Col. 6)		Premiums Earned (Pg. 6, Pt. 1, Col. 4)		Dividends to Policyholders (Pg. 4, Line 17)		Incurred Loss (Pg. 9, Pt. 2, Col. 7)		Defense and Cost Containment Expenses Incurred		Adjusting and Other Expenses Incurred		Unpaid Losses (Pg. 10, Pt. 2A, Col. 8)		Defense and Cost Containment Expenses Unpaid		Adjusting and Other Expenses Unpaid		Unearned Premium Reserves (Pg. 7, Pt. 1A, Col. 5)		Agents' Balances	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %
1. Fire		XXX		100.0																		
2.1 Allied Lines		XXX		100.0																		
2.2 Multiple Peril Crop		XXX		100.0																		
2.3 Federal Flood		XXX		100.0																		
3. Farmowners Multiple Peril		XXX		100.0																		
4. Homeowners Multiple Peril		XXX		100.0																		
5.1 Commercial Multiple Peril (Non-Liability Portion)		XXX		100.0																		
5.2 Commercial Multiple Peril (Liability Portion)		XXX		100.0																		
6. Mortgage Guaranty		XXX		100.0																		
8. Ocean Marine		XXX		100.0																		
9. Inland Marine		XXX		100.0																		
10. Financial Guaranty		XXX		100.0																		
11. Medical Malpractice		XXX		100.0																		
12. Earthquake		XXX		100.0																		
13. Group A&H (See Interrogatory 1)		XXX		100.0																		
14. Credit A&H		XXX		100.0																		
15. Other A&H (See Interrogatory 1)		XXX		100.0																		
16. Workers' Compensation		XXX		100.0																		
17.1 Other Liability		XXX		100.0																		
17.3 Excess workers' compensation		XXX		100.0																		
18. Products Liability		XXX		100.0																		
19.1, 19.2 Private Passenger Auto Liability		XXX		100.0																		
19.3, 19.4 Commercial Auto Liability		XXX		100.0																		
21.1 Private Passenger Auto Physical Damage		XXX		100.0																		
21.2 Commercial Auto Physical Damage		XXX		100.0																		
22. Aircraft (all perils)		XXX		100.0																		
23. Fidelity		XXX		100.0																		
24. Surety		XXX		100.0																		
26. Burglary and Theft		XXX		100.0																		
27. Boiler and Machinery		XXX		100.0																		
28. Credit		XXX		100.0																		
29. International		XXX		100.0																		
30. Warranty		XXX		100.0																		
31, 32, 33. Reinsurance-Nonproportional Assumed		XXX		100.0																		
34. Aggregate write-ins for Other Lines of Business		XXX		100.0																		
35. TOTAL (Lines 1 through 34)		XXX		100.0																		
DETAILS OF WRITE-INS																						
3401.		XXX		100.0																		
3402.		XXX		100.0																		
3403.		XXX		100.0																		
3498. Summary of remaining write-ins for Line 34 from overflow page		XXX		100.0																		
3499. TOTALS (Lines 3401 thru 3403 plus 3498 (Line 34 above)		XXX		100.0																		

For Reference Only

PART II—ALLOCATION TO LINES OF BUSINESS NET OF REINSURANCE (Continued)

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS AND PERCENTAGES TO PREMIUMS EARNED FOR BUSINESS NET OF REINSURANCE

(000 OMITTED)

	Commission and Brokerage Expenses Incurred (IEE Pt. 1, Line 2.8, Col. 2)		Taxes, Licenses & Fees Incurred (IEE Pt. 1, Line 20.5, Col. 4)		Other Acquisitions, Field Supervision, and Collection Expenses Incurred (IEE Pt. 1, Line 25 minus 2.8 Col. 2)		General Expenses Incurred (IEE Pt. 1, Line 25, Col. 3)		Other Income Less Other Expenses (Pg. 4, Line 15 minus Line 5)		Pre-Tax Profit or Loss Excluding All Investment Gain		Investment Gain on Funds Attributable to Insurance Transactions		Profit or Loss Excluding Investment Gain Attributable to Capital and Surplus		Investment Gain Attributable to Capital and Surplus		Total Profit or Loss	
	23 Amount	24 %	25 Amount	26 %	27 Amount	28 %	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %	35 Amount	36 %	37 Amount	38 %	39 Amount	40 %	41 Amount	42 %
1. Fire																				
2.1 Allied Lines																				
2.2 Multiple Peril Crop																				
2.3 Federal Flood																				
3. Farmowners Multiple Peril																				
4. Homeowners Multiple Peril																				
5.1 Commercial Multiple Peril (Non-Liability Portion)																				
5.2 Commercial Multiple Peril (Liability Portion)																				
6. Mortgage Guaranty																				
8. Ocean Marine																				
9. Inland Marine																				
10. Financial Guaranty																				
11. Medical Malpractice																				
12. Earthquake																				
13. Group A&H (See Interrogatory 1)																				
14. Credit A&H																				
15. Other A&H (See Interrogatory 1)																				
16. Workers' Compensation																				
17.1 Other Liability																				
17.3 Excess workers' compensation																				
18. Products Liability																				
19.1, 19.2 Private Passenger Auto Liability																				
19.3, 19.4 Commercial Auto Liability																				
21.1 Private Passenger Auto Physical Damage																				
21.2 Commercial Auto Physical Damage																				
22. Aircraft (all perils)																				
23. Fidelity																				
24. Surety																				
26. Burglary and Theft																				
27. Boiler and Machinery																				
28. Credit																				
29. International																				
30. Warranty																				
31, 32, 33. Reinsurance-Nonproportional Assumed																				
34. Aggregate write-ins for Other Lines of Business																				
35. TOTAL (Lines 1 through 34)																				
DETAILS OF WRITE-INS																				
3401.																				
3402.																				
3403.																				
3498. Summary of remaining write-ins for Line 34 from overflow page																				
3499. TOTALS (Lines 3401 thru 3403 plus 3498) (Line 34 above)																				

NOTE: THE ALLOCATION OF INVESTMENT INCOME FROM CAPITAL AND SURPLUS BY LINE OF BUSINESS MAY NOT ACCURATELY REFLECT THE PROFITABILITY OF A PARTICULAR LINE FOR USE IN THE RATE MAKING PROCESS.

For Reference Only

PART III – ALLOCATION TO LINES OF DIRECT BUSINESS WRITTEN

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS AND PERCENTAGES TO PREMIUMS EARNED FOR DIRECT BUSINESS WRITTEN

(000 OMITTED)

	Premiums Written (Pg. 8, Pt. 1B, Col. 1)		Premiums Earned (Sch. T, Line 59, Col. 3)		Dividends to Policyholders		Incurred Loss (Sch. T, Line 59, Col. 6)		Defense and Cost Containment Expenses Incurred		Adjusting and Other Expenses Incurred		Unpaid Losses (Sch. T, Line 59, Col. 7)		Defense and Cost Containment Expenses Unpaid		Adjusting and Other Expenses Unpaid		Unearned Premium Reserves		Agents' Balances	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %
1. Fire		XXX		100.0																		
2.1 Allied Lines		XXX		100.0																		
2.2 Multiple Peril Crop		XXX		100.0																		
2.3 Federal Flood		XXX		100.0																		
3. Farmowners Multiple Peril		XXX		100.0																		
4. Homeowners Multiple Peril		XXX		100.0																		
5.1 Commercial Multiple Peril (Non-Liability Portion)		XXX		100.0																		
5.2 Commercial Multiple Peril (Liability Portion)		XXX		100.0																		
6. Mortgage Guaranty		XXX		100.0																		
8. Ocean Marine		XXX		100.0																		
9. Inland Marine		XXX		100.0																		
10. Financial Guaranty		XXX		100.0																		
11. Medical Malpractice		XXX		100.0																		
12. Earthquake		XXX		100.0																		
13. Group A&H (See Interrogatory 1)		XXX		100.0																		
14. Credit A&H		XXX		100.0																		
15. Other A&H (See Interrogatory 1)		XXX		100.0																		
16. Workers' Compensation		XXX		100.0																		
17.1 Other Liability		XXX		100.0																		
17.3 Excess workers' compensation		XXX		100.0																		
18. Products Liability		XXX		100.0																		
19.1, 19.2 Private Passenger Auto Liability		XXX		100.0																		
19.3, 19.4 Commercial Auto Liability		XXX		100.0																		
21.1 Private Passenger Auto Physical Damage		XXX		100.0																		
21.2 Commercial Auto Physical Damage		XXX		100.0																		
22. Aircraft (all perils)		XXX		100.0																		
23. Fidelity		XXX		100.0																		
24. Surety		XXX		100.0																		
26. Burglary and Theft		XXX		100.0																		
27. Boiler and Machinery		XXX		100.0																		
28. Credit		XXX		100.0																		
29. International		XXX		100.0																		
30. Warranty		XXX		100.0																		
34. Aggregate write-ins for Other Lines of Business		XXX		100.0																		
35. TOTALS (Lines 1 through 34)		XXX		100.0																		
DETAILS OF WRITE-INS																						
3401.		XXX		100.0																		
3402.		XXX		100.0																		
3403.		XXX		100.0																		
3498. Summary of remaining write-ins for Line 34 from overflow page		XXX		100.0																		
3499. TOTALS (Lines 3401 thru 3403 plus 3498) (Line 34 above)		XXX		100.0																		

For Reference Only

PART III – ALLOCATION TO LINES OF DIRECT BUSINESS WRITTEN (Continued)

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS AND PERCENTAGES TO PREMIUMS EARNED FOR DIRECT BUSINESS WRITTEN (000 OMITTED)

	Commission and Brokerage Expenses Incurred		Taxes, Licenses & Fees Incurred		Other Acquisitions, Field Supervision, and Collection Expenses Incurred		General Expenses Incurred		Other Income Less Other Expenses		Pre-Tax Profit or Loss Excluding All Investment	
	23 Amount	24 %	25 Amount	26 %	27 Amount	28 %	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Malpractice												
12. Earthquake												
13. Group A&H (See Interrogatory 1)												
14. Credit A&H												
15. Other A&H (See Interrogatory 1)												
16. Workers' Compensation												
17.1 Other Liability												
17.3 Excess workers' compensation												
18. Products Liability												
19.1, 19.2 Private Passenger Auto Liability												
19.3, 19.4 Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for Other Lines of Business												
35. TOTAL (Lines 1 through 34)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 thru 3403 plus 3498) (Line 34 above)												

For Reference Only

OVERFLOW PAGE FOR WRITE-INS

For Reference Only

.....
Affix Bar Code Above

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2008
(To Be Filed by April 1)

Of The..... Insurance Company
Address (City, State, Zip Code) .....
NAIC Group Code..... NAIC Company Code..... Employer's ID Number.....

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U. S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. $.....

For Reference Only

2. Ten largest exposures to a single issuer/borrower/investment.

	1 Issuer	2 Description of Exposure	3 Amount	4 Percentage of Total Admitted Assets
2.01	.....	.....	$.....	.....%
2.02	.....	.....	$.....	.....%
2.03	.....	.....	$.....	.....%
2.04	.....	.....	$.....	.....%
2.05	.....	.....	$.....	.....%
2.06	.....	.....	$.....	.....%
2.07	.....	.....	$.....	.....%
2.08	.....	.....	$.....	.....%
2.09	.....	.....	$.....	.....%
2.10	.....	.....	$.....	.....%

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC rating.

	Bonds	1	2		Preferred Stocks	3	4
3.01	NAIC-1	$	..... %	3.07	P/RP-1	$	.....%
3.02	NAIC-2	$	..... %	3.08	P/RP-2	$	.....%
3.03	NAIC-3	$	..... %	3.09	P/RP-3	$	.....%
3.04	NAIC-4	$	..... %	3.10	P/RP-4	$	.....%
3.05	NAIC-5	$	..... %	3.11	P/RP-5	$	.....%
3.06	NAIC-6	$	..... %	3.12	P/RP-6	$	.....%

4. Assets held in foreign investments:

4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 4.01 above is yes, responses are not required for interrogatories 5 – 10.

4.02	Total admitted assets held in foreign investments	$.....	.....%
4.03	Foreign-currency-denominated investments	$.....	.....%
4.04	Insurance liabilities denominated in that same foreign currency	$.....	.....%

5. Aggregate foreign investment exposure categorized by NAIC sovereign rating:

		1	2
5.01	Countries rated NAIC-1	$.....	.....%
5.02	Countries rated NAIC-2	$.....	.....%
5.03	Countries rated NAIC-3 or below	$.....	.....%

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign rating:

		1	2
	Countries rated NAIC – 1:		
6.01	Country 1:	$.....	.....%
6.02	Country 2:	$.....	.....%
	Countries rated NAIC – 2:		
6.03	Country 1:	$.....	.....%
6.04	Country 2:	$.....	.....%
	Countries rated NAIC – 3 or below:		
6.05	Country 1:	$.....	.....%
6.06	Country 2:	$.....	.....%

For Reference Only

	1	2
7. Aggregate unhedged foreign currency exposure	$.....	.....%

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign rating:

		1	2
8.01	Countries rated NAIC – 1	$.....	.....%
8.02	Countries rated NAIC – 2	$.....	.....%
8.03	Countries rated NAIC – 3 or below	$.....	.....%

9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign rating:

		1	2
	Countries rated NAIC – 1:		
9.01	Country 1:	$.....	.....%
9.02	Country 2:	$.....	.....%
	Countries rated NAIC – 2:		
9.03	Country 1:	$.....	.....%
9.04	Country 2:	$.....	.....%
	Countries rated NAIC – 3 or below:		
9.05	Country 1:	$.....	.....%
9.06	Country 2:	$.....	.....%

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	1 Issuer	2 NAIC Rating	3	4
10.01	.....	.....	$.....	.....%
10.02	.....	.....	$.....	.....%
10.03	.....	.....	$.....	.....%
10.04	.....	.....	$.....	.....%
10.05	.....	.....	$.....	.....%
10.06	.....	.....	$.....	.....%
10.07	.....	.....	$.....	.....%
10.08	.....	.....	$.....	.....%
10.09	.....	.....	$.....	.....%
10.10	.....	.....	$.....	.....%

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

		1	2
11.02	Total admitted assets held in Canadian investments	$	..... %
11.03	Canadian-currency-denominated investments	$	..... %
11.04	Canadian-denominated insurance liabilities	$	..... %
11.05	Unhedged Canadian currency exposure	$	..... %

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions.

For Reference Only

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

	1	2	3
12.02	Aggregate statement value of investments with contractual sales restrictions	$	..... %
	Largest three investments with contractual sales restrictions:		
12.03	.....	$	..... %
12.04	.....	$	..... %
12.05	.....	$	..... %

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 13.01 is yes, responses are not required for the remainder of Interrogatory 13.

	1 Issuer	2	3
13.02	.....	$	..... %
13.03	.....	$	..... %
13.04	.....	$	..... %
13.05	.....	$	..... %
13.06	.....	$	..... %
13.07	.....	$	..... %
13.08	.....	$	..... %
13.09	.....	$	..... %
13.10	.....	$	..... %
13.11	.....	$	..... %

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

	1	2	3
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities	$.....	.....%
	Largest three investments held in nonaffiliated, privately placed equities:		
14.03	.....	$.....	.....%
14.04	.....	$.....	.....%
14.05	.....	$.....	.....%

For Reference Only

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

	1	2	3
15.02	Aggregate statement value of investments held in general partnership interests	$.....	.....%
	Largest three investments in general partnership interests:		
15.03	.....	$.....	.....%
15.04	.....	$.....	.....%
15.05	.....	$.....	.....%

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	1 Type (Residential, Commercial, Agricultural)	2	3
16.02	.....	$.....	.....%
16.03	.....	$.....	.....%
16.04	.....	$.....	.....%
16.05	.....	$.....	.....%
16.06	.....	$.....	.....%
16.07	.....	$.....	.....%
16.08	.....	$.....	.....%
16.09	.....	$.....	.....%
16.10	.....	$.....	.....%
16.11	.....	$.....	.....%

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

		Loans	
16.12	Construction loans	$.....	.....%
16.13	Mortgage loans over 90 days past due	$.....	.....%
16.14	Mortgage loans in the process of foreclosure	$.....	.....%
16.15	Mortgage loans foreclosed	$.....	.....%
16.16	Restructured mortgage loans	$.....	.....%

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

Loan-to-Value		Residential		Commercial		Agricultural	
		1	2	3	4	5	6
17.01	above 95%	$	..... %	$	..... %	$.....	.....%
17.02	91% to 95%	$	..... %	$	..... %	$.....	.....%
17.03	81% to 90%	$	..... %	$	..... %	$.....	.....%
17.04	71% to 80%	$	..... %	$	..... %	$.....	.....%
17.05	below 70%	$	..... %	$	..... %	$.....	.....%

For Reference Only

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate.

	Description		
	1	2	3
18.02	.....	$	..... %
18.03	.....	$	..... %
18.04	.....	$	..... %
18.05	.....	$	..... %
18.06	.....	$	..... %

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [ ]

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

	1	2	3
19.02	Aggregate statement value of investments held in mezzanine real estate loans:	$	..... %

Largest three investments held in mezzanine real estate loans:

19.03	.....	$	..... %
19.04	.....	$	..... %
19.05	.....	$	..... %

20. Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

		At Year-end		At End of Each Quarter		
				1st Qtr	2nd Qtr	3rd Qtr
		1	2	3	4	5
20.01	Securities lending agreements (do not include assets held as collateral for such transactions)	$	.....%	$.....	$.....	$ .....
20.02	Repurchase agreements	$	.....%	$.....	$.....	$ .....
20.03	Reverse repurchase agreements	$	.....%	$.....	$.....	$ .....
20.04	Dollar repurchase agreements	$	.....%	$.....	$.....	$ .....
20.05	Dollar reverse repurchase agreements	$	.....%	$.....	$.....	$ .....

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

For Reference Only

		Owned		Written	
		1	2	3	4
21.01	Hedging	$	.....%	$.....	.....%
21.02	Income generation	$	.....%	$.....	.....%
21.03	Other	$	.....%	$.....	.....%

22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

		At Year-end		At End of Each Quarter		
				1st Qtr	2nd Qtr	3rd Qtr
		1	2	3	4	5
22.01	Hedging	$	.....%	$.....	$	$ .....
22.02	Income generation	$	.....%	$.....	$	$ .....
22.03	Replications	$	.....%	$.....	$	$ .....
22.04	Other	$	.....%	$.....	$	$ .....

23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

		At Year-end		At End of Each Quarter		
				1st Qtr	2nd Qtr	3rd Qtr
		1	2	3	4	5
23.01	Hedging	$	..... %	$	$.....	$.....
23.02	Income generation	$	..... %	$	$.....	$.....
23.03	Replications	$	..... %	$	$.....	$.....
23.04	Other	$	..... %	$	$.....	$.....

.....
Affix Bar Code Above

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

For The Year Ended December 31, 2008
(To Be Filed by March 1)

For Reference Only

REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES FOR THE PROPERTY/CASUALTY, LIFE ACCIDENT AND HEALTH, TITLE AND HEALTH INSURANCE BLANKS

TO ANNUAL STATEMENT OF THE

_____
COMPANY

FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year?
   Answer .. ..
   If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.

2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year?
   Answer .. ..
   If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.

3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting?
   Answer .. ..
   If the answer is "No" explain in detail below. Attach separate sheet if necessary.

   (2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

For Reference Only

	Column A		Column B	
	Yes	No	Yes	No
To be answered by Life and A & H Companies:				
a. Statement of Assets, Liabilities, Surplus and Other Funds				
b. Summary of Operations				
c. Surplus Account				
To be answered by Property and Casualty Companies:				
a. Statement of Assets, Liabilities, Surplus and Other Funds				
b. Statement of Income				
c. Capital and Surplus Account				
To be answered by Title Insurance Companies:				
a. Statement of Assets, Liabilities, Surplus and Other Funds				
b. Statement of Income -- Operations and Investment Exhibit				
c. Capital and Surplus Account				
To be answered by Health Insurance Companies:				
a. Statement of Assets, Liabilities, Capital and Surplus				
b. Statement of Revenue and Expenses				
c. Capital and Surplus Account				

INFORMATION REGARDING MANAGEMENT AND DIRECTORS

1. Furnish the following information for each director, and for each of the three highest paid officers, whose aggregate direct remuneration exceeded $100,000 during the year, naming each such person.

1	2	3	4	Benefits Accrued or Set Aside During Year		Est. Annual Benefits Upon Retirement	
				5	6	7	8
Name and Title	Principal Occupation or Employment	Served as Director From	Aggregate Direct Remuneration	Retirement Plan	Other Emp. Benefits	Retirement Plan	Other Emp. Benefits

For Reference Only

Furnish on a separate sheet the following information as to each of the individuals named above (or state below that such information is not present):

A. Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transaction as to which the Company, or any of its subsidiaries, was or is to be a party.

B. Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year.

2. Answer "yes" or "no" in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any proxy statement relating to (i) the election of directors, (ii) any bonus, profit sharing or other remuneration plan, contract or arrangement in which any director, nominee for election as a director, or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any options, warrants, or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis. If any answer is "no" explain in detail on a separate sheet.

3. Furnish the information specified in Item 1 for all directors and all officers of the Company, as a group, without naming them.

xxx xxx xxx

4. Did the stockholders have an opportunity to vote for or against the election of directors and also other matters to be presented at any stockholder's meeting?

Answer ..... If answer is "no" explain on separate sheet.

5. Will the Company solicit proxies from its stockholders during the following year and will such solicitation(s) precede any shareholders' meeting or meetings by at least 10 days?

Answer ..... If answer is "yes" and proxies are to be solicited, copies of the proxy statement and form of proxy and other soliciting material to be furnished stockholders shall be submitted to the Insurance Commissioner of the Company's domiciliary state at least 10 days prior to the date such material is first sent or given to stockholders.

If answer is "no" and proxies are not to be solicited from stockholders, explain in detail below. Attach separate sheet if necessary.

STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

1	2	3	Number of Shares				
			4	5	Disposed of During Current Year		
					6	7	8
Name and title of (a) Each Director and Each Officer with any ownership and (b) any other Owner of more than 10%	Title of Security	Nature of Ownership	Owned at end of Prior Year	Acquired During Current Year	Held Less Than 6 Months	Held 6 Months or More	Owned at End of Current Year

For Reference Only

Note: Answer "yes" or "no" as to whether the information concerning the number of shares owned at the end of the year (as shown in Column 8) by each Director and the three highest paid Officers whose aggregate direct remuneration exceeded $100,000 during the year, has been or will be furnished to stockholders in a proxy statement or otherwise.

Answer ..... If answer is "no" explain in detail on separate sheet.

State the number of stockholders of record of the company at the end of the year. Answer .....

.....
Affix Bar Code Here

FINANCIAL GUARANTY INSURANCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by March 1)

Of The ..... Insurance Company

NAIC Group Code. ..... NAIC Company Code ..... Employer's ID Number .....

For Reference Only

PART 1

Showing Total Net Exposures (Principal & Interest) By Year Payable
On Municipal Bond Guaranties In Force As Of Year End

Year Payable	1 Municipal Obligation Bonds	2 Special Revenue Bonds	Industrial Development Bonds 3 Type I	4 Type II	5 Type III	6 Totals
1. 2009						
2. 2010						
3. 2011						
4. 2012						
5. 2013						
6. 2014						
7. 2015						
8. 2016						
9. 2017						
10. 2018						
11. 2019						
12. 2020						
13. 2021						
14. 2022						
15. 2023						
16. 2024-28						
17. 2029-33						
18. 2034+						
19. Totals						

For Reference Only

PART 2

Showing Total Net Exposures (Principal & Interest) By Year Payable
On Non-Municipal Bond Guaranties In Force As Of Year End

Year Payable	Corporate Obligations 1 Type I	2 Type II	3 Type III	4 Cons Debt Obligations	5 Pass-Thru Securities	6 Ltd Partnerships	7 Other Non-Investment Grade Obligations	8 All Other Guaranties	9 Totals
1. 2009									
2. 2010									
3. 2011									
4. 2012									
5. 2013									
6. 2014									
7. 2015									
8. 2016									
9. 2017									
10. 2018									
11. 2019									
12. 2020									
13. 2021									
14. 2022									
15. 2023									
16. 2024-28									
17. 2029-33									
18. 2034+									
19. Totals									

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS
PART 3A
MUNICIPAL OBLIGATION BONDS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year 6 Addition to Reserve	Current Year 7 Withdrawals from Reserve	8 Contingency Reserve (Cols. 5+6-7)
1. 2008 S.P.								
2. 2008 I.P.								
3. 2007 S.P.								
4. 2007 I.P.								
5. 2006 S.P.								
6. 2006 I.P.								
7. 2005 S.P.								
8. 2005 I.P.								
9. 2004 S.P.								
10. 2004 I.P.								
11. 2003 S.P.								
12. 2003 I.P.								
13. 2002 S.P.								
14. 2002 I.P.								
15. 2001 S.P.								
16. 2001 I.P.								
17. 2000 S.P.								
18. 2000 I.P.								
19. 1999 S.P.								
20. 1999 I.P.								
21. 1998 S.P.								
22. 1998 I.P.								
23. 1997 S.P.								
24. 1997 I.P.								
25. 1996 S.P.								
26. 1996 I.P.								
27. 1995 S.P.								
28. 1995 I.P.								
29. 1994 S.P.								
30. 1994 I.P.								
31. 1993 S.P.								
32. 1993 I.P.								
33. 1992 S.P.								
34. 1992 I.P.								
35. 1991 S.P.								
36. 1991 I.P.								
37. 1990 S.P.								
38. 1990 I.P.								
39. 1989 S.P.								
40. 1989 I.P.								
41. Prior to 1989 S.P.								
42. Prior to 1989 I.P								
43. Totals								

For Reference Only

S.P. = Single Premiums

I.P. = Installment Premiums

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS
PART 3B
SPECIAL REVENUE BONDS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year 6 Addition to Reserve	Current Year 7 Withdrawals from Reserve	8 Contingency Reserve (Cols. 5+6-7)
1. 2008 S.P.								
2. 2008 I.P.								
3. 2007 S.P.								
4. 2007 I.P.								
5. 2006 S.P.								
6. 2006 I.P.								
7. 2005 S.P.								
8. 2005 I.P.								
9. 2004 S.P.								
10. 2004 I.P.								
11. 2003 S.P.								
12. 2003 I.P.								
13. 2002 S.P.								
14. 2002 I.P.								
15. 2001 S.P.								
16. 2001 I.P.								
17. 2000 S.P.								
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19. 1999 S.P.								
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22. 1998 I.P.								
23. 1997 S.P.								
24. 1997 I.P.								
25. 1996 S.P.								
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27. 1995 S.P.								
28. 1995 I.P.								
29. 1994 S.P.								
30. 1994 I.P.								
31. 1993 S.P.								
32. 1993 I.P.								
33. 1992 S.P.								
34. 1992 I.P.								
35. 1991 S.P.								
36. 1991 I.P.								
37. 1990 S.P.								
38. 1990 I.P.								
39. 1989 S.P.								
40. 1989 I.P.								
41. Prior to 1989 S.P.								
42. Prior to 1989 I.P.								
43. Totals								

S.P. = Single Premiums

I.P. = Installment Premiums

For Reference Only

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS
PART 3C
INDUSTRIAL DEVELOPMENT BONDS – TYPE I

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year 6 Addition to Reserve	Current Year 7 Withdrawals from Reserve	8 Contingency Reserve (Cols. 5+6-7)
1. 2008 S.P.								
2. 2008 I.P.								
3. 2007 S.P.								
4. 2007 I.P.								
5. 2006 S.P.								
6. 2006 I.P.								
7. 2005 S.P.								
8. 2005 I.P.								
9. 2004 S.P.								
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11. 2003 S.P.								
12. 2003 I.P.								
13. 2002 S.P.								
14. 2002 I.P.								
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16. 2001 I.P.								
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21. 1998 S.P.								
22. 1998 I.P.								
23. 1997 S.P.								
24. 1997 I.P.								
25. 1996 S.P.								
26. 1996 I.P.								
27. 1995 S.P.								
28. 1995 I.P.								
29. 1994 S.P.								
30. 1994 I.P.								
31. 1993 S.P.								
32. 1993 I.P.								
33. 1992 S.P.								
34. 1992 I.P.								
35. 1991 S.P.								
36. 1991 I.P.								
37. 1990 S.P.								
38. 1990 I.P.								
39. 1989 S.P.								
40. 1989 I.P.								
41. Prior to 1989 S.P.								
42. Prior to 1989 I.P.								
43. Totals								

S.P. = Single Premiums

I.P. = Installment Premiums

For Reference Only

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS
PART 3D
INDUSTRIAL DEVELOPMENT BONDS – TYPE II

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year 6 Addition to Reserve	Current Year 7 Withdrawals from Reserve	8 Contingency Reserve (Cols. 5+6-7)
1. 2008 S.P.								
2. 2008 I.P.								
3. 2007 S.P.								
4. 2007 I.P.								
5. 2006 S.P.								
6. 2006 I.P.								
7. 2005 S.P.								
8. 2005 I.P.								
9. 2004 S.P.								
10. 2004 I.P.								
11. 2003 S.P.								
12. 2003 I.P.								
13. 2002 S.P.								
14. 2002 I.P.								
15. 2001 S.P.								
16. 2001 I.P.								
17. 2000 S.P.								
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19. 1999 S.P.								
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24. 1997 I.P.								
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26. 1996 I.P.								
27. 1995 S.P.								
28. 1995 I.P.								
29. 1994 S.P.								
30. 1994 I.P.								
31. 1993 S.P.								
32. 1993 I.P.								
33. 1992 S.P.								
34. 1992 I.P.								
35. 1991 S.P.								
36. 1991 I.P.								
37. 1990 S.P.								
38. 1990 I.P.								
39. 1989 S.P.								
40. 1989 I.P.								
41. Prior to 1989 S.P.								
42. Prior to 1989 I.P.								
43. Totals								

S.P. = Single Premiums

I.P. = Installment Premiums

For Reference Only

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS
PART 3E
INDUSTRIAL DEVELOPMENT BONDS – TYPE III

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year 6 Addition to Reserve	Current Year 7 Withdrawals from Reserve	8 Contingency Reserve (Cols. 5+6-7)
1. 2008 S.P.								
2. 2008 I.P.								
3. 2007 S.P.								
4. 2007 I.P.								
5. 2006 S.P.								
6. 2006 I.P.								
7. 2005 S.P.								
8. 2005 I.P.								
9. 2004 S.P.								
10. 2004 I.P.								
11. 2003 S.P.								
12. 2003 I.P.								
13. 2002 S.P.								
14. 2002 I.P.								
15. 2001 S.P.								
16. 2001 I.P.								
17. 2000 S.P.								
18. 2000 I.P.								
19. 1999 S.P.								
20. 1999 I.P.								
21. 1998 S.P.								
22. 1998 I.P.								
23. 1997 S.P.								
24. 1997 I.P.								
25. 1996 S.P.								
26. 1996 I.P.								
27. 1995 S.P.								
28. 1995 I.P.								
29. 1994 S.P.								
30. 1994 I.P.								
31. 1993 S.P.								
32. 1993 I.P.								
33. 1992 S.P.								
34. 1992 I.P.								
35. 1991 S.P.								
36. 1991 I.P.								
37. 1990 S.P.								
38. 1990 I.P.								
39. 1989 S.P.								
40. 1989 I.P.								
41. Prior to 1989 S.P.								
42. Prior to 1989 I.P.								
43. Totals								

S.P. = Single Premiums

I.P. = Installment Premiums

For Reference Only

CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS
PART 3F
TOTALS – ALL MUNICIPAL BONDS WRITTEN

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year 6 Addition to Reserve	Current Year 7 Withdrawals from Reserve	8 Contingency Reserve (Cols. 5+6-7)
1. 2008 S.P.								
2. 2008 I.P.								
3. 2007 S.P.								
4. 2007 I.P.								
5. 2006 S.P.								
6. 2006 I.P.								
7. 2005 S.P.								
8. 2005 I.P.								
9. 2004 S.P.								
10. 2004 I.P.								
11. 2003 S.P.								
12. 2003 I.P.								
13. 2002 S.P.								
14. 2002 I.P.								
15. 2001 S.P.								
16. 2001 I.P.								
17. 2000 S.P.								
18. 2000 I.P.								
19. 1999 S.P.								
20. 1999 I.P.								
21. 1998 S.P.								
22. 1998 I.P.								
23. 1997 S.P.								
24. 1997 I.P.								
25. 1996 S.P.								
26. 1996 I.P.								
27. 1995 S.P.								
28. 1995 I.P.								
29. 1994 S.P.								
30. 1994 I.P.								
31. 1993 S.P.								
32. 1993 I.P.								
33. 1992 S.P.								
34. 1992 I.P.								
35. 1991 S.P.								
36. 1991 I.P.								
37. 1990 S.P.								
38. 1990 I.P.								
39. 1989 S.P.								
40. 1989 I.P.								
41. Prior to 1989 S.P.								
42. Prior to 1989 I.P.								
43. Totals								

For Reference Only

S.P. = Single Premiums

I.P. = Installment Premiums

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS
PART 4A

CORPORATE OBLIGATIONS TYPE I

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year 6 Addition to Reserve	Current Year 7 Withdrawals from Reserve	8 Contingency Reserve (Cols. 5+6-7)
1. 2008 S.P.								
2. 2008 I.P.								
3. 2007 S.P.								
4. 2007 I.P.								
5. 2006 S.P.								
6. 2006 I.P.								
7. 2005 S.P.								
8. 2005 I.P.								
9. 2004 S.P.								
10. 2004 I.P.								
11. 2003 S.P.								
12. 2003 I.P.								
13. 2002 S.P.								
14. 2002 I.P.								
15. 2001 S.P.								
16. 2001 I.P.								
17. 2000 S.P.								
18. 2000 I.P.								
19. 1999 S.P.								
20. 1999 I.P.								
21. Prior to 1999 S.P.								
22. Prior to 1999 I.P.								
23. Totals								

For Reference Only

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS
PART 4B

CORPORATE OBLIGATIONS TYPE II

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year 6 Addition to Reserve	Current Year 7 Withdrawals from Reserve	8 Contingency Reserve (Cols. 5+6-7)
1. 2008 S.P.								
2. 2008 I.P.								
3. 2007 S.P.								
4. 2007 I.P.								
5. 2006 S.P.								
6. 2006 I.P.								
7. 2005 S.P.								
8. 2005 I.P.								
9. 2004 S.P.								
10. 2004 I.P.								
11. 2003 S.P.								
12. 2003 I.P.								
13. 2002 S.P.								
14. 2002 I.P.								
15. 2001 S.P.								
16. 2001 I.P.								
17. 2000 S.P.								
18. 2000 I.P.								
19. 1999 S.P.								
20. 1999 I.P.								
21. Prior to 1999 S.P.								
22. Prior to 1999 I.P.								
23. Totals								

S.P. = Single Premiums
I.P. = Installment Premiums

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS
PART 4C
CORPORATE OBLIGATIONS TYPE III

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year 6 Addition to Reserve	Current Year 7 Withdrawals from Reserve	8 Contingency Reserve (Cols. 5+6-7)
1. 2008 S.P.								
2. 2008 I.P.								
3. 2007 S.P.								
4. 2007 I.P.								
5. 2006 S.P.								
6. 2006 I.P.								
7. 2005 S.P.								
8. 2005 I.P.								
9. 2004 S.P.								
10. 2004 I.P.								
11. 2003 S.P.								
12. 2003 I.P.								
13. 2002 S.P.								
14. 2002 I.P.								
15. 2001 S.P.								
16. 2001 I.P.								
17. 2000 S.P.								
18. 2000 I.P.								
19. 1999 S.P.								
20. 1999 I.P.								
21. Prior to 1999 S.P.								
22. Prior to 1999 I.P.								
23. Totals								

For Reference Only

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS
PART 4D
CONSUMER DEBT OBLIGATIONS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year 6 Addition to Reserve	Current Year 7 Withdrawals from Reserve	8 Contingency Reserve (Cols. 5+6-7)
1. 2008 S.P.								
2. 2008 I.P.								
3. 2007 S.P.								
4. 2007 I.P.								
5. 2006 S.P.								
6. 2006 I.P.								
7. 2005 S.P.								
8. 2005 I.P.								
9. 2004 S.P.								
10. 2004 I.P.								
11. 2003 S.P.								
12. 2003 I.P.								
13. 2002 S.P.								
14. 2002 I.P.								
15. 2001 S.P.								
16. 2001 I.P.								
17. 2000 S.P.								
18. 2000 I.P.								
19. 1999 S.P.								
20. 1999 I.P.								
21. Prior to 1999 S.P.								
22. Prior to 1999 I.P.								
23. Totals								

S.P. = Single Premiums
I.P. = Installment Premiums

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS
PART 4E
PASS – THROUGH SECURITIES

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year 6 Addition to Reserve	Current Year 7 Withdrawals from Reserve	8 Contingency Reserve (Cols. 5+6-7)
1. 2008 S.P.								
2. 2008 I.P.								
3. 2007 S.P.								
4. 2007 I.P.								
5. 2006 S.P.								
6. 2006 I.P.								
7. 2005 S.P.								
8. 2005 I.P.								
9. 2004 S.P.								
10. 2004 I.P.								
11. 2003 S.P.								
12. 2003 I.P.								
13. 2002 S.P.								
14. 2002 I.P.								
15. 2001 S.P.								
16. 2001 I.P.								
17. 2000 S.P.								
18. 2000 I.P.								
19. 1999 S.P.								
20. 1999 I.P.								
21. Prior to 1999 S.P.								
22. Prior to 1999 I.P.								
23. Totals								

For Reference Only

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS
PART 4F
LIMITED PARTNERSHIPS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year 6 Addition to Reserve	Current Year 7 Withdrawals from Reserve	8 Contingency Reserve (Cols. 5+6-7)
1. 2008 S.P.								
2. 2008 I.P.								
3. 2007 S.P.								
4. 2007 I.P.								
5. 2006 S.P.								
6. 2006 I.P.								
7. 2005 S.P.								
8. 2005 I.P.								
9. 2004 S.P.								
10. 2004 I.P.								
11. 2003 S.P.								
12. 2003 I.P.								
13. 2002 S.P.								
14. 2002 I.P.								
15. 2001 S.P.								
16. 2001 I.P.								
17. 2000 S.P.								
18. 2000 I.P.								
19. 1999 S.P.								
20. 1999 I.P.								
21. Prior to 1999 S.P.								
22. Prior to 1999 I.P.								
23. Totals								

S.P. = Single Premiums
I.P. = Installment Premiums

CONTINGENCY RESERVE FOR NON – MUNICIPAL OBLIGATIONS
PART 4G
OTHER NON-INVESTMENT GRADE OBLIGATIONS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year 6 Addition to Reserve	Current Year 7 Withdrawals from Reserve	8 Contingency Reserve (Cols. 5+6-7)
1. 2008 S.P.								
2. 2008 I.P.								
3. 2007 S.P.								
4. 2007 I.P.								
5. 2006 S.P.								
6. 2006 I.P.								
7. 2005 S.P.								
8. 2005 I.P.								
9. 2004 S.P.								
10. 2004 I.P.								
11. 2003 S.P.								
12. 2003 I.P.								
13. 2002 S.P.								
14. 2002 I.P.								
15. 2001 S.P.								
16. 2001 I.P.								
17. 2000 S.P.								
18. 2000 I.P.								
19. 1999 S.P.								
20. 1999 I.P.								
21. Prior to 1999 S.P.								
22. Prior to 1999 I.P.								
23. Totals								

For Reference Only

CONTINGENCY RESERVE FOR NON – MUNICIPAL OBLIGATIONS
PART 4H
ALL OTHER GUARANTIES

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year 6 Addition to Reserve	Current Year 7 Withdrawals from Reserve	8 Contingency Reserve (Cols. 5+6-7)
1. 2008 S.P.								
2. 2008 I.P.								
3. 2007 S.P.								
4. 2007 I.P.								
5. 2006 S.P.								
6. 2006 I.P.								
7. 2005 S.P.								
8. 2005 I.P.								
9. 2004 S.P.								
10. 2004 I.P.								
11. 2003 S.P.								
12. 2003 I.P.								
13. 2002 S.P.								
14. 2002 I.P.								
15. 2001 S.P.								
16. 2001 I.P.								
17. 2000 S.P.								
18. 2000 I.P.								
19. 1999 S.P.								
20. 1999 I.P.								
21. Prior to 1999 S.P.								
22. Prior to 1999 I.P.								
23. Totals								

S.P. = Single Premiums
I.P. = Installment Premiums

CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS
PART 4I
TOTALS – ALL NON-MUNICIPAL OBLIGATIONS WRITTEN

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year 6 Addition to Reserve	Current Year 7 Withdrawals from Reserve	8 Contingency Reserve (Cols. 5+6-7)
1. 2008 S.P.								
2. 2008 I.P.								
3. 2007 S.P.								
4. 2007 I.P.								
5. 2006 S.P.								
6. 2006 I.P.								
7. 2005 S.P.								
8. 2005 I.P.								
9. 2004 S.P.								
10. 2004 I.P.								
11. 2003 S.P.								
12. 2003 I.P.								
13. 2002 S.P.								
14. 2002 I.P.								
15. 2001 S.P.								
16. 2001 I.P.								
17. 2000 S.P.								
18. 2000 I.P.								
19. 1999 S.P.								
20. 1999 I.P.								
21. Prior to 1999 S.P.								
22. Prior to 1999 I.P.								
23. Totals								

S.P. = Single Premiums
I.P. = Installment Premiums

For Reference Only

MUNICIPAL BOND EXPOSURES WRITTEN
PART 5A
GROSS EXPOSURES WRITTEN DURING YEAR

	1 Direct Exposure Written	2 Assumed Exposure Written	3 Ceded Exposure Written	4 Net Exposure Written (Cols. 1 + 2 - 3)
1. MUNIC OBLIGATION BONDS				
2. SPECIAL REVENUE BONDS				
3. IDB'S—TYPE I				
4. IDB'S—TYPE II				
5. IDB'S—TYPE III				
6. TOTAL MUNICIPAL BONDS				

MUNICIPAL BOND EXPOSURES WRITTEN
PART 5B
NET OUTSTANDING EXPOSURE

	1 Net Outstanding Exposure (Part 5A, Col. 4)	2 Less Collateral Held	3 Exposures Net of Collateral	4 Net Exposure Prior Year	5 Net Exposure Expired During Year	6 Net Outstanding Exposure
1. MUNIC OBLIGATION BONDS						
2. SPECIAL REVENUE BONDS						
3. IDB'S—TYPE I						
4. IDB'S—TYPE II						
5. IDB'S—TYPE III						
6. TOTAL MUNICIPAL BONDS						

MUNICIPAL BOND EXPOSURES WRITTEN
PART 5C
BREAKDOWN OF NET OUTSTANDING EXPOSURES AT YEAR-END

	1 Direct Exposure	2 Assumed Exposure	Ceded Exposure 3 Authorized	Ceded Exposure 4 Unauthorized	5 Net Outstanding Exposure (Part 5B, Col. 6) (Cols. 1 + 2 - 3 - 4)
1. MUNIC OBLIGATION BONDS					
2. SPECIAL REVENUE BONDS					
3. IDB'S—TYPE I					
4. IDB'S—TYPE II					
5. IDB'S—TYPE III					
6. TOTAL MUNICIPAL BONDS					

NON – MUNICIPAL BOND EXPOSURES WRITTEN
PART 6A
GROSS EXPOSURES WRITTEN DURING YEAR

	1 Direct Exposure Written	2 Assumed Exposure Written	3 Ceded Exposure Written	4 Net Exposure Written (Cols. 1+2-3)
1. CORP OBLIG BDS—TYPE I				
2. CORP OBLIG BDS—TYPE II				
3. CORP OBLIG BDS—TYPE III				
4. CONSUMER DEBT OBLIGATIONS				
5. PASS THROUGH SECURITIES				
6. LIMITED PARTNERSHIPS				
7. OTHER NON-INVESTMENT GRADE OBLIGATIONS				
8. ALL OTHER GUARANTEES				
9. TOTAL NON-MUNICIPAL BONDS				

For Reference Only

NON – MUNICIPAL BOND EXPOSURES WRITTEN
PART 6B
NET OUTSTANDING EXPOSURE

	1 Net Outstanding Exposure (Part 6A, Col. 4)	2 Less Collateral Held	3 Exposures Net of Collateral	4 Net Exposure Prior Year	5 Net Exposure Expired During Year	6 Net Outstanding Exposure
1. CORP OBLIG BDS—TYPE I						
2. CORP OBLIG BDS—TYPE II						
3. CORP OBLIG BDS—TYPE III						
4. CONSUMER DEBT OBLIGATIONS						
5. PASS THROUGH SECURITIES						
6. LIMITED PARTNERSHIPS						
7. OTHER NON-INVESTMENT GRADE OBLIGATIONS						
8. ALL OTHER GUARANTEES						
9. TOTAL NON-MUNICIPAL BONDS						

NON – MUNICIPAL BOND EXPOSURES WRITTEN
PART 6C
BREAKDOWN OF NET OUTSTANDING EXPOSURES AT YEAR-END

	1 Direct Exposure	2 Assumed Exposure	Ceded Exposure 3 Authorized	 4 Unauthorized	5 Net Outstanding Exposure (Part 6B, Col. 6) (Cols. 1+2-3-4)
1. CORP OBLIG BDS—TYPE I					
2. CORP OBLIG BDS—TYPE II					
3. CORP OBLIG BDS—TYPE III					
4. CONSUMER DEBT OBLIGATIONS					
5. PASS THROUGH SECURITIES					
6. LIMITED PARTNERSHIPS					
7. OTHER NON-INVESTMENT GRADE OBLIGATIONS					
8. ALL OTHER GUARANTEES					
9. TOTAL NON-MUNICIPAL BONDS					

PART 7 – LOSS DEVELOPMENT (000 OMITTED)

	Losses Paid During the Year Less Reinsurance Received During the Year			Salvage and Subrogation Received in the Current Year			7	8	Losses Unpaid December 31 of Current Year				Development	Estimated Liability on Unpaid Losses			Change in such Estimated Liability	
	1	2	3	4	5	6			9	10	11	12	13	14	15	16	17	18
	On losses incurred during 2008	On losses incurred during 2007	On losses incurred prior to 2007	On losses incurred during 2008	On losses incurred during 2007	On losses incurred prior to 2007	Total (Cols. 1+2+3 –4–5–6)	Losses paid during 2007 on losses incurred prior to 2007	On losses incurred during 2008	On losses incurred during 2007	On losses incurred prior to 2007	Total Per Col. 5, Part 3A (Cols. 9+10+11)	On losses incurred prior to 2008 (Cols. 2+3+10+11)	On losses incurred prior to 2007 (Cols. 3+8+11)	Dec. 31, 2007	Dec. 31, 2006	Dec. 31, 2007 (Col. 13 less Col. 15)	Dec. 31, 2006 (Col. 14 less Col. 16)
1. Municipal Obligation Bonds																		
2. Special Revenue Bonds																		
3. IDB's—Class I																		
4. IDB's—Class II																		
5. IDB's—Class III																		
6. Total Municipal Bonds																		
7. Corporate Obligation Bonds—Class I																		
8. Corporate Obligation Bonds—Class II																		
9. Corporate Obligation Bonds—Class III																		
10. Consumer Debt Obligations																		
11. Pass Through Securities																		
12. Limited Partnerships																		
13. Other Non-Investment Grade Obligations																		
14. All Other Non-Municipal																		
15. Total Non-Municipal Bonds																		
16. Totals																		

For Reference Only

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Affix Bar Code Above

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2008

(To Be Filed By March 1)

FOR THE STATE OF _____

NAIC Group Code _____ NAIC Company Code _____

Address (City, State and Zip Code) _____

Person Completing This Exhibit _____

Title _____ Telephone Number _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2005				Policies Issued in 2006, 2007, 2008			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0299999 TOTAL EXPERIENCE ON GROUP POLICIES																	

For Reference Only

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
   2.1 Address: .....
   2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
   3.1 Address: .....
   3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O" .....

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SUPPLEMENT FOR OF THE

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

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Affix Bar Code Above

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid 3 Amount	Direct Losses Paid 4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	Direct Losses Unpaid 7 Number of Claims	8 Direct Losses Incurred But Not Reported
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CN								
58. Aggregate other alien OT								
59. Totals								
DETAILS OF WRITE-INS								
5801.								
5802.								
5803.								
5898. Sum. of remaining write-ins for Line 58 from overflow page								
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)								

For Reference Only

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Affix Bar Code Above

TRUSTEED SURPLUS STATEMENT

AFFIDAVIT OF U.S. MANAGERS, GENERAL AGENTS OR ATTORNEYS

_____ being duly sworn, says that he/she is the _____ of the _____
a corporation organized under the laws of _____ , entered to transact business in the United States through the State of _____ , that this trusteed surplus statement together with its related schedules appended hereto is a true statement of the trusteed surplus of said corporation, that the several items of assets, as hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and all of the hereinafter mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as hereinafter indicated, and that the assets, liabilities and deductions therefrom reported in this statement are in accordance with the instructions accompanying this statement.

Subscribed and sworn to before me this _____ day of _____ A.D., 20_____

_____ _____

_____ _____

For Reference Only

AFFIDAVIT OF TRUSTEE - SCHEDULE B

_____
being sworn, say that it is the Trustee of the _____ ,
a corporation organized under the laws of _____ , entered to transact business in the United States through the State of _____ ,
located at _____ , that the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 20_____

_____ _____

_____ _____

AFFIDAVIT OF TRUSTEE - SCHEDULE C

_____
being sworn, say that it is the Trustee of the _____ ,
a corporation organized under the laws of _____ , entered to transact business in the United States through the State of _____ ,
located at _____ , that the assets listed in Schedule C of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 20_____

_____ _____

_____ _____

AFFIDAVIT OF TRUSTEE - SCHEDULE D

_____
being sworn, say that it is the Trustee of the _____ ,
a corporation organized under the laws of _____ , entered to transact business in the United States through the State of _____,
located at _____, that the assets listed in Schedule D of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 20_____

_____ _____

_____ _____

TRUSTEED SURPLUS STATEMENT
ASSETS

SCHEDULE A – DEPOSITS WITH STATE OFFICERS (EXCLUDING SPECIAL DEPOSITS)

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
1.98	Accrued Investment Income		XXX	XXX
1.99	Totals			

SCHEDULE B – DEPOSITS WITH UNITED STATES TRUSTEE

For Reference Only

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
2.01	Cash			
2.02	Bonds			
2.03	Preferred stock			
2.04	Common stock			
2.05	Mortgage loans on real estate			
2.06	Real estate			
2.07	Short-term investments			
2.08.	Other invested assets			
2.09	Miscellaneous assets not included in any of the above categories			
2.98	Accrued investment income		XXX	XXX
2.99	Totals			

SCHEDULE C – DEPOSITS WITH UNITED STATES TRUSTEE

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
3.01	Cash			
3.02	Bonds			
3.03	Preferred stock			
3.04	Common stock			
3.05	Mortgage loans on real estate			
3.06	Real estate			
3.07	Short-term investments			
3.08	Other invested assets			
3.09	Miscellaneous assets not included in any of the above categories			
3.98	Accrued investment income		XXX	XXX
3.99	Totals			

SCHEDULE D – DEPOSITS WITH UNITED STATES TRUSTEE

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
4.01	Cash			
4.02	Bonds			
4.03	Preferred stock			
4.04	Common stock			
4.05	Mortgage loans on real estate			
4.06	Real estate			
4.07	Short-term investments			
4.08	Other invested assets			
4.09	Miscellaneous assets not included in any of the above categories			
4.98	Accrued investment income		XXX	XXX
4.99	Totals			

TRUSTEED SURPLUS STATEMENT
LIABILITIES AND TRUSTEED SURPLUS

		1 Current Year
1. Total liabilities		
ADDITIONS TO LIABILITIES:		
2. Ceded reinsurance balances payable		
3. Agents' credit balances		
4. Aggregate write-ins for other additions to liabilities		
5. Total additions (Lines 2 + 3 + 4)		
6. Total (Lines 1 + 5)		
DEDUCTIONS FROM LIABILITIES:		
7. Reinsurance recoverable on paid losses and loss adjustment expenses:		
7.1 Authorized companies		
7.2 Unauthorized companies		
8. Special state deposits, not exceeding net liabilities carried in this statement on business in each respective state:		
8.1 Special state deposits (submit schedule)		
8.2 Accrued interest on special state deposits		
9. Agents' balances or uncollected premiums not more than ninety days past due, not exceeding unearned premium reserves carried thereon		
10. Unpaid reinsurance premiums receivable, not exceeding losses and loss adjustment expenses due to reinsured:		
10.1 Authorized companies		
10.2 Unauthorized companies		
11. Aggregate write-ins for other deductions from liabilities		
12. Total deductions (Lines 7 thru 11)		
13. Total adjusted liabilities (Line 6 minus Line 12)		
14. Trusteed surplus		
15. Total		
DETAILS OF WRITE-INS		
0401.		
0402.		
0403.		
0498. Summary of remaining write-ins for Line 4 from overflow page		
0499. Totals (Lines 0401 thru 0403 plus 0498) (Line 4 above)		
1101.		
1102.		
1103.		
1198. Summary of remaining write-ins for Line 11 from overflow page		
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)		

For Reference Only

OVERFLOW PAGE FOR WRITE-INS

For Reference Only

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Affix Bar Code Above

PREMIUMS ATTRIBUTED TO PROTECTED CELLS EXHIBIT

For The Year Ended December 31, 2008
(To Be Filed by March 1)

Of the ..... Insurance Company
NAIC Group Code..... NAIC Company Code ..... Employer's ID Number.....

	Premiums				Losses					Loss Adjustment Expenses			
	1	2	3	4	5	Unpaid December 31			9	10	Unpaid December 31		13
						6	7	8			11	12	
Line of Business	Attributed	Prior Year	Current Year	Earned Premium	Paid	Adjusted or in Process	Incurred But Not Reported	Prior Year Total	Incurred	Paid	Current Year	Prior Year	Incurred
1. Fire													
2. Allied lines													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5. Commercial multiple peril													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine													
10. Financial guaranty													
11.1 Medical malpractice occurrence													
11.2 Medical malpractice claims-made													
12. Earthquake													
13. Group accident and health													
14. Credit accident and health (group and individual)													
15. Other accident and health													
16. Workers' compensation													
17.1 Other liability—occurrence													
17.2 Other liability—claims-made													
18.1 Products liability—occurrence													
18.2 Products liability—claims-made													
19.1, 19.2 Private passenger auto liability													
19.3, 19.4 Commercial auto liability													
21. Auto physical damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft													
27. Boiler and machinery													
28. Credit													
29. International													
30. Warranty													
31. Reinsurance-Nonproportional Assumed Property													
32. Reinsurance-Nonproportional Assumed Liability													
33. Reinsurance-Nonproportional Assumed Financial Lines													
34. Aggregate write-ins for other lines of business													
35. Totals													
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Sum. of remaining write-ins for Line 34 from overflow page													
3499. Total (Lines 3401 through 3403 plus 3498) (Line 34 above)													

For Reference Only

OVERFLOW PAGE FOR WRITE-INS

For Reference Only

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Affix Bar Code Above

REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)

For The Year Ended December 31, 2008

NAIC Group Code…….. To Be Filed by March 1 NAIC Company Code……..

(A) Financial Impact			
	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets			
A02. Liabilities			
A03. Surplus as regards to policyholders			
A04. Income before taxes			

(B) Summary of Reinsurance Contract Terms	(C) Management's Objectives

For Reference Only

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.

.....
.....
.....

.....
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MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code…….. (To Be Filed By March 1) NAIC Company Code……..

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	.....	xxx	.....	xxx	.....
1.12 Without Reinsurance Coverage	.....	xxx	.....	xxx	.....
1.13 Risk-Corridor Payment Adjustments	.....	xxx	.....	xxx	.....
1.2 Supplemental Benefits	.....	xxx	.....	xxx	.....
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	.....	xxx	.....	xxx	xxx
2.12 Without Reinsurance Coverage	.....	xxx	.....	xxx	xxx
2.2 Supplemental Benefits	.....	xxx	.....	xxx	xxx
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage	.....	xxx	.....	xxx	xxx
3.12 Without Reinsurance Coverage	.....	xxx	.....	xxx	xxx
3.2 Supplemental Benefits	.....	xxx	.....	xxx	xxx
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable	.....	xxx	.....	xxx	xxx
4.2 Payable	.....	xxx	.....	xxx	xxx
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	.....	xxx	.....	xxx	xxx
5.12 Without Reinsurance Coverage	.....	xxx	.....	xxx	xxx
5.13 Risk-Corridor Payment Adjustments	.....	xxx	.....	xxx	xxx
5.2 Supplemental Benefits		xxx		xxx	xxx
6. Total Premiums		xxx		xxx	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	.....	xxx	.....	xxx	.....
7.12 Without Reinsurance Coverage	.....	xxx	.....	xxx	.....
7.2 Supplemental Benefits	.....	xxx	.....	xxx	.....
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	.....	xxx	.....	xxx	xxx
8.12 Without Reinsurance Coverage	.....	xxx	.....	xxx	xxx
8.2 Supplemental Benefits	.....	xxx	.....	xxx	xxx
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	.....	xxx	.....	xxx	xxx
9.12 Without Reinsurance Coverage	.....	xxx	.....	xxx	xxx
9.2 Supplemental Benefits	.....	xxx	.....	xxx	xxx
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	.....	xxx	.....	xxx	xxx
10.12 Without Reinsurance Coverage	.....	xxx	.....	xxx	xxx
10.2 Supplemental Benefits		xxx		xxx	xxx
11. Total Claims		xxx		xxx	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of Reimbursements Applied	xxx	.....	xxx	.....	.....
12.2 Reimbursements Received but Not Applied-change	xxx	.....	xxx	.....	.....
12.3 Reimbursements Receivable-change	xxx	.....	xxx	.....	xxx
12.4 Health Care Receivables-change	xxx	.....	xxx	.....	xxx
13. Aggregate Policy Reserves-change	.....	.....	.....	.....	xxx
14. Expenses Paid	.....	xxx	.....	xxx	.....
15. Expenses Incurred	.....	xxx	.....	xxx	xxx
16. Underwriting Gain/Loss		xxx		xxx	xxx
17. Cash Flow Result	xxx	xxx	xxx	xxx	

For Reference Only

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Affix Bar Code Above

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008
(To Be Filed by April 1)

Of The.....Insurance Company

Address (City, State and Zip Code).....

For Reference Only

NAIC Group Code..... NAIC Company Code ..... Employer's ID Number .....

Direct Business in the State of .....

Does the company have credit insurance in this state? Yes ( ) No ( )

PART 1A – CREDIT LIFE INSURANCE
Monthly Outstanding Balance (MOB)

	Open-End		Closed-End	
	1 Single	2 Joint	3 Single	4 Joint
1. Earned Premiums:				
1.1 Gross written premiums				
1.2 Refunds on terminations				
1.3 Net written premiums (Lines 1.1–1.2)				
1.4 Premium reserves, start of period				
1.5 Premium reserves, end of period				
1.6 Actual earned premiums (Lines 1.3+1.4–1.5)				
1.7 Earned premiums at prima facie rates				
2. Incurred Claims:				
2.1 Claims paid				
2.2 Unreported claim reserve, start of period				
2.3 Unreported claim reserve, end of period				
2.4 Claim reserves, start of period				
2.5 Claim reserves, end of period				
2.6 Incurred claims (Lines 2.1–2.2+2.3–2.4+2.5)				
3. Incurred Compensation:				
3.1 Commissions and service fees incurred				
3.2 Other incurred compensation				
3.3 Total incurred compensation (Lines 3.1+3.2)				
3.4 Commissions/service fee percentage (Lines 3.1/1.3)	%	%	%	%
3.5 Other incurred compensation percentage (Lines 3.2/1.6)	%	%	%	%
4. Loss Percentage:				
4.1 Actual loss percentage (Lines 2.6/1.6)	%	%	%	%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7)	%	%	%	%
5. Mean insurance in force				
6. Losses per $1,000 mean insurance in force [(1,000 x Line 2.6)/Line 5]				

PART 1B – CREDIT LIFE INSURANCE
Single Premium (SP) and Total

1 Single SP	2 Joint SP	3 Total SP + MOB
%	%	%
%	%	%
%	%	%
%	%	%

For Reference Only

PART 2A – CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium—Closed-End

	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1-1.2)							
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3+1.4-1.5)							
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Unreported claim reserve, start of period							
2.3 Unreported claim reserve, end of period							
2.4 Claim reserves, start of period							
2.5 Claim reserves, end of period							
2.6 Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5)							
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1+3.2)							
3.4 Commissions/service fee percentage (Lines 3.1/1.3)	%	%	%	%	%	%	%
3.5 Other incurred compensation percentage (Lines 3.2/1.6)	%	%	%	%	%	%	%
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6/1.6)	%	%	%	%	%	%	%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7)	%	%	%	%	%	%	%

For Reference Only

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B – CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance—Closed-End

	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1-1.2)							
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3+1.4-1.5)							
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Unreported claim reserve, start of period							
2.3 Unreported claim reserve, end of period							
2.4 Claim reserves, start of period							
2.5 Claim reserves, end of period							
2.6 Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5)							
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1+3.2)							
3.4 Commissions/service fee percentage (Lines 3.1/1.3)	%	%	%	%	%	%	%
3.5 Other incurred compensation percentage (Lines 3.2/1.6)	%	%	%	%	%	%	%
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6/1.6)	%	%	%	%	%	%	%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7)	%	%	%	%	%	%	%

For Reference Only

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

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PART 2C – CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance – Open-End

	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1-1.2)							
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3+1.4-1.5)							
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Unreported claim reserve, start of period							
2.3 Unreported claim reserve, end of period							
2.4 Claim reserves, start of period							
2.5 Claim reserves, end of period							
2.6 Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5)							
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1+3.2)							
3.4 Commissions/service fee percentage (Lines 3.1/1.3)	%	%	%	%	%	%	%
3.5 Other incurred compensation percentage (Lines 3.2/1.6)	%	%	%	%	%	%	%
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6/1.6)	%	%	%	%	%	%	%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7)	%	%	%	%	%	%	%

PART 2D – CREDIT ACCIDENT AND HEALTH INSURANCE

1 All Other (b)	2 Total -Parts 2A, 2B, 2C and 2D
%	%
%	%
%	%
%	%

For Reference Only

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6): _____

_____

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1): _____

_____

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PART 3A – CREDIT UNEMPLOYMENT INSURANCE

	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1-1.2)			
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premium (Lines 1.3+1.4-1.5)			
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5)			
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1+3.2)			
3.4 Commissions/service fee percentage (Lines 3.1/1.3)	%	%	%
3.5 Other incurred compensation percentage (Lines 3.2/1.6)	%	%	%
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6/1.6)	%	%	%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7)	%	%	%

PART 3B – CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
%	%	%
%	%	%
%	%	%
%	%	%

For Reference Only

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2): _____

_____

PART 4 – CREDIT PROPERTY INSURANCE

	1 Creditor Placed Home-Single Interest	2 Creditor Placed Home-Dual Interest	3 Creditor Placed Auto-Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property-Single Interest	6 Personal Property-Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1-1.2)							
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3+1.4-1.5)							
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1-2.2+2.3)							
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1+3.2)							
3.4 Commissions/service fee percentage (Lines 3.1/1.3)	%	%	%	%	%	%	%
3.5 Other incurred compensation percentage (Lines 3.2/1.6)	%	%	%	%	%	%	%
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4/1.6)	%	%	%	%	%	%	%
4.2 Loss percentage at prima facie rates (Lines 2.4/1.7)	%	%	%	%	%	%	%
5. Incurred Loss Adjustment Expense:							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7): _____

For Reference Only

PART 5 – OTHER CREDIT INSURANCE

	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 – 1.2)			
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 – 1.5)			
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 – 2.2 + 2.3)			
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)			
3.4 Commissions/service fee percentage (Lines 3.1/1.3)	%	%	%
3.5 Other incurred compensation percentage (Lines 3.2/1.6)	%	%	%
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4/1.6)	%	%	%
4.2 Loss percentage at prima facie rates (Lines 2.4/1.7)	%	%	%

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

For Reference Only

PART 6 – NATIONWIDE CREDIT PROPERTY PREMIUMS AND UNDERWRITING EXPENSES

	1 Creditor Placed Home	2 Creditor Placed Auto	3 Personal Property	4 Other (a)
1. Premiums:				
1.1 Direct written premiums				
1.2 Direct earned premiums				
2. Underwriting expenses incurred:				
2.1 Commissions and brokerage expenses incurred				
2.2 Taxes, licenses and fees incurred				
2.3 Other acquisitions, field supervision and collection expenses incurred				
2.4 General expenses incurred				

(a) Provide a description of "other" coverages (including their percent of Line 1.2, Column 4):

For Reference Only

LONG – TERM CARE (LTC) EXPERIENCE REPORTING FORM-A
NATIONWIDE EXPERIENCE

.....
Affix Bar Code

Above

CLAIM EXPERIENCE BY CALENDAR DURATION

NAIC Group Code.....

(To Be Filed By April 1)

NAIC Company Code .....

PART 1 – LTC INSURANCE EXPERIENCE BY CALENDAR DURATION

Calendar Duration	1 Policy Form	2 First Year Issued	3 Earned Premiums By Duration	4 Incurred and Paid	5 Reserve for Incurred but Unpaid	6 Total Incurred Claims	7 Change in Policy (Active Life) Reserves Over the Experience Period	8 Anticipated Calendar Duration Loss Percentage	9 Number of Insured Lives
0									
1									
2									
3									
4									
5-9									
10+									
Total Calendar Year								XXX	

Policy Form-Calendar Year (a) Actual Loss Percentage (Col. 6/Col. 3)_____; (b) Anticipated Loss Percentage (see Instruction Form A Item 9)_____; (c) Actual to Anticipated Loss Percentage (a/b) _____

	1	2	3	4	5	6	7	8	9
0									
1									
2									
3									
4									
5-9									
10+									
Total Calendar Year								XXX	

Policy Form-Calendar Year (a) Actual Loss Percentage (Col. 6/Col. 3)_____; (b) Anticipated Loss Percentage (see Instruction Form A Item 9)_____; (c) Actual to Anticipated Loss Percentage (a/b) _____

	1	2	3	4	5	6	7	8	9
0									
1									
2									
3									
4									
5-9									
10+									
Total Calendar Year								XXX	

Policy Form-Calendar Year (a) Actual Loss Percentage (Col. 6/Col. 3)_____; (b) Anticipated Loss Percentage (see Instruction Form A Item 9)_____; (c) Actual to Anticipated Loss Percentage (a/b) _____

For Reference Only

LONG – TERM CARE (LTC) EXPERIENCE REPORTING FORM-A (Continued)

PART 2 – LTC INSURANCE EXPERIENCE BY LINE OF BUSINESS

	1 Earned Premiums by Duration	2 Incurred and Paid	3 Reserve for Incurred but Unpaid	4 Total Incurred Claims
1. Individual				
2. Group direct response				
3. Other group				
4. Total (sum Lines 1 to 3)				

PART 3 – EXPERIENCE FOR PRODUCTS PROVIDING LTC INSURANCE OTHER THAN ON A STAND-ALONE BASIS

	Premiums and Annuity Considerations		Benefits	
	1 Total	2 Long-Term Care Benefit Component	3 Total	4 Applied to Provide Long-Term Care Benefits
A. Products Providing LTC Benefits With Distinct LTC Premiums				
1. Individual -- Life				
2. Individual -- Annuity				
3. Individual -- Disability				
4. Individual -- Other				
5. Group -- Life				
6. Group -- Annuity				
7. Group --Disability				
8. Group -- Other				
B. Products Providing LTC Benefits Without Distinct LTC Premiums				
1. Individual -- Life				
2. Individual -- Annuity				
3. Individual -- Disability				
4. Individual -- Other				
5. Group -- Life				
6. Group -- Annuity				
7. Group -- Disability				
8. Group -- Other				

For Reference Only

LONG – TERM CARE EXPERIENCE REPORTING FORM – B
NATIONWIDE EXPERIENCE
CUMULATIVE CLAIM EXPERIENCE
(To Be Filed By April 1)

.....
Affix Bar Code Above

NAIC Group Code..... NAIC Company Code .....

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives
0	.....	.....	.....	.....	.....	.....	.....	.....
1	.....	.....	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....	.....	.....	.....
5-9	.....	.....	.....	.....	.....	.....	.....	.....
10+								
Cumulative Total					XXX	XXX	XXX	XXX

Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3) _____ ; (b) Anticipated Loss Percentage (see Instruction Form B Items 9 and 10) _____ ; (c) Actual to Anticipated Loss Percentage (a/b) _____

	1	2	3	4	5	6	7	8
0	.....	.....	.....	.....	.....	.....	.....	.....
1	.....	.....	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....	.....	.....	.....
5-9	.....	.....	.....	.....	.....	.....	.....	.....
10+								
Cumulative Total					XXX	XXX	XXX	XXX

Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3) _____ ; (b) Anticipated Loss Percentage (see Instruction Form B Items 9 and 10) _____ ; (c) Actual to Anticipated Loss Percentage (a/b) _____

	1	2	3	4	5	6	7	8
0	.....	.....	.....	.....	.....	.....	.....	.....
1	.....	.....	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....	.....	.....	.....
5-9	.....	.....	.....	.....	.....	.....	.....	.....
10+								
Cumulative Total					XXX	XXX	XXX	XXX

Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3) _____ ; (b) Anticipated Loss Percentage (see Instruction Form B Items 9 and 10) _____ ; (c) Actual to Anticipated Loss Percentage (a/b) _____

	3	4	5	6	7	8
1. Individual	.....	.....	XXX	XXX	XXX	XXX
2. Group direct response	.....	.....	XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (sum Lines 1 to 3)			XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year	.....	.....	XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)			XXX	XXX	XXX	XXX

Note: a. Was experience prior to 1991 used in preparing this form? Yes ( ) No ( ).
b. If yes, indicate the calendar years that were included: _____

Draft Only

LONG – TERM CARE EXPERIENCE REPORTING FORM – C
EXPERIENCE IN THE STATE OF__
CUMULATIVE CLAIM EXPERIENCE

.....
Affix Bar Code Above

NAIC Group Code..... (To Be Filed By April 1) NAIC Company Code .....

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives
0	.....	.....	.....	.....	.....	.....	.....	.....
1	.....	.....	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....	.....	.....	.....
5-9	.....	.....	.....	.....	.....	.....	.....	.....
10+								
Cumulative Total					XXX	XXX	XXX	XXX

Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3)_____ ; (b) Anticipated Loss Percentage (see Instruction Form C Items 9 and 10)_____ ; (c) Actual to Anticipated Loss Percentage (a/b)_____

	1	2	3	4	5	6	7	8
0	.....	.....	.....	.....	.....	.....	.....	.....
1	.....	.....	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....	.....	.....	.....
5-9	.....	.....	.....	.....	.....	.....	.....	.....
10+								
Cumulative Total					XXX	XXX	XXX	XXX

Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3)_____ ; (b) Anticipated Loss Percentage (see Instruction Form C Items 9 and 10)_____ ; (c) Actual to Anticipated Loss Percentage (a/b)_____

	1	2	3	4	5	6	7	8
0	.....	.....	.....	.....	.....	.....	.....	.....
1	.....	.....	.....	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....	.....	.....	.....
5-9	.....	.....	.....	.....	.....	.....	.....	.....
10+								
Cumulative Total					XXX	XXX	XXX	XXX

Policy Form-Cumulative (a) Actual Loss Percentage (Col. 4/Col. 3)_____ ; (b) Anticipated Loss Percentage (see Instruction Form C Items 9 and 10)_____ ; (c) Actual to Anticipated Loss Percentage (a/b)_____

	3	4	5	6	7	8
1. Individual.....	.....	.....	XXX	XXX	XXX	XXX
2. Group direct response.....	.....	.....	XXX	XXX	XXX	XXX
3. Other group.....			XXX	XXX	XXX	XXX
4. Total (sum Lines 1 to 3)			XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year	.....	.....	XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year.....			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)			XXX	XXX	XXX	XXX

Note: a. Was experience prior to 1991 used in preparing this form? Yes ( ) No ( ) .
b. If yes, indicate the calendar years that were included:_____

For Reference Only

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
For The Year Ended December 31, 2008
(To Be Filed By April 1)

.....
Affix Bar Code Above

NAIC Group Code……..

NAIC Company Code……..

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives as of Dec. 31	7 Member Months
A. INDIVIDUAL BUSINESS							
1. Comprehensive Major Medical							
1.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
1.2 Without Contract Reserves	.....	.....	.....	.....	.....	.....	.....
1.3 Subtotal							
2. Short-Term Medical							
2.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
2.2 Without Contract Reserves	.....	.....	.....	.....	.....	.....	.....
2.3 Subtotal							
3. Other Medical (Non-Comprehensive)							
3.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
3.2 Without Contract Reserves	.....	.....	.....	.....	.....	.....	.....
3.3 Subtotal							
4. Specified/Named Disease							
4.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
4.2 Without Contract Reserves	.....	.....	.....	.....	.....	.....	.....
4.3 Subtotal							
5. Limited Benefit							
5.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
5.2 Without Contract Reserves	.....	.....	.....	.....	.....	.....	.....
5.3 Subtotal							
6. Student							
6.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
6.2 Without Contract Reserves	.....	.....	.....	.....	.....	.....	.....
6.3 Subtotal							
7. Accident Only or AD&D							
7.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
7.2 Without Contract Reserves	.....	.....	.....	.....	.....	.....	.....
7.3 Subtotal							
8. Disability Income – Short–Term							
8.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
8.2 Without Contract Reserves	.....	.....	.....	.....	.....	.....	.....
8.3 Subtotal							

For Reference Only

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ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives as of Dec. 31	7 Member Months
A. INDIVIDUAL BUSINESS (Continued)							
9. Disability Income – Long–Term							
9.1 With Contract Reserves							
9.2 Without Contract Reserves							
9.3 Subtotal							
10. Long-Term Care							
10.1 With Contract Reserves							
10.2 Without Contract Reserves							
10.3 Subtotal							
11. Medicare Supplement (Medigap)							
11.1 With Contract Reserves							
11.2 Without Contract Reserves							
11.3 Subtotal							
12. Dental							
12.1 With Contract Reserves							
12.2 Without Contract Reserves							
12.3 Subtotal							
13. State Children's Health Insurance Program							
13.1 With Contract Reserves							
13.2 Without Contract Reserves							
13.3 Subtotal							
14. Medicare							
14.1 With Contract Reserves							
14.2 Without Contract Reserves							
14.3 Subtotal							
15. Medicaid							
15.1 With Contract Reserves							
15.2 Without Contract Reserves							
15.3 Subtotal							
16. Other Individual Business							
16.1 With Contract Reserves							
16.2 Without Contract Reserves							
16.3 Subtotal							
17. Total Individual Business							
17.1 With Contract Reserves							
17.2 Without Contract Reserves							
18. Grand Total Individual							

For Reference Only

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ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives as of Dec. 31	7 Member Months
B. GROUP BUSINESS							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer							
1.2 Other Employer							
1.3 Single Employer Subtotal							
2. Multiple Employer Assns and Trusts							
3. Other Associations and Discretionary Trusts							
4. Other Comprehensive Major Medical							
5. Comprehensive/Major Medical Subtotal							
Other Medical (Non-Comprehensive)							
6. Specified/Named Disease							
7. Limited Benefit							
8. Student							
9. Accident Only or AD&D							
10. Disability Income – Short–term							
11. Disability Income – Long–term							
12. Long–Term Care							
13. Medicare Supplement (Medigap)							
14. Federal Employees Health Benefit Plans							
15. Tricare							
16. Dental							
17. Medicare							
18. Other Group Care							
19. Grand Total Group Business							
C. OTHER BUSINESS							
1. Credit (Individual and Group)							
2. Stop Loss/Excess Loss							
3. Administrative Services Only	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts	XXX	XXX	XXX	XXX			
5. Grand Total Other Business							
D. TOTAL BUSINESS							
1. Total Non U.S. Policy Forms							
2. Grand Total Individual, Group and Other Business							

For Reference Only

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

PART 1 – INDIVIDUAL POLICIES
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business				
2. Other Forms Direct Business				
3. Total Direct Business				
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. Total				

PART 2 – GROUP POLICIES
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business				
2. Other Forms Direct Business				
3. Total Direct Business				
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. Total				

PART 3 – CREDIT POLICIES (Individual and Group)
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business				
2. Other Forms Direct Business				
3. Total Direct Business				
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. Total				

PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business				
2. Other Forms Direct Business				
3. Total Direct Business				
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. Total				

For Reference Only