



# ANNUAL STATEMENT

For the Year Ended December 31, 2002  
of the Condition and Affairs of the

## AMERICAN HARDWARE MUTUAL INSURANCE COMPANY

NAIC Group Code..... 291, 291 (Current Period) (Prior Period) NAIC Company Code..... 13331 Employer's ID Number..... 41-0299900

Organized under the Laws of Ohio State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated..... May 25, 1899

Commenced Business..... January 3, 1900

Statutory Home Office	471 East Broad Street ..... Columbus ..... OH ..... 43215 <i>(Street and Number) (City or Town, State and Zip Code)</i>	
Main Administrative Office	471 East Broad Street ..... Columbus ..... OH ..... 43215 <i>(Street and Number) (City or Town, State and Zip Code)</i>	614-225-8211 <i>(Area Code) (Telephone Number)</i>
Mail Address	471 East Broad Street ..... Columbus ..... OH ..... 43215 <i>(Street and Number or P. O. Box) (City or Town, State and Zip Code)</i>	
Primary Location of Books and Records	471 East Broad Street ..... Columbus ..... OH ..... 43215 <i>(Street and Number) (City or Town, State and Zip Code)</i>	614-225-8211 <i>(Area Code) (Telephone Number)</i>
Internet Website Address	MotoristsGroup.com	
Statement Contact	James E. Vermillion <i>(Name)</i> MIC-AHIG.Accounting@MotoristsGroup.com <i>(E-Mail Address)</i>	614-225-8331 <i>(Area Code) (Telephone Number) (Extension)</i> 614-225-8330 <i>(Fax Number)</i>
Policyowner Relations Contact	471 East Broad Street ..... Columbus ..... OH ..... 43215 <i>(Street and Number) (City or Town, State and Zip Code)</i>	1-800-876-6642 <i>(Area Code) (Telephone Number) (Extension)</i>

### OFFICERS

President ..... John Jacob Bishop Treasurer ..... Michael Lee Wiseman Secretary ..... Thomas Charles Ogg

### VICE PRESIDENTS

David William Lemon

### DIRECTORS OR TRUSTEES

John Jacob Bishop	Alan Nicholas Dekker	David William Lemon	Thomas Charles Ogg
Robert Elvin Herman Rabold	Burtis Gilbert Taylor	Garry Lee Wharton	Michael Lee Wiseman

State of Ohio  
County of Franklin

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.

John J. Bishop  
President

Thomas C. Ogg  
Secretary

Michael L. Wiseman  
Treasurer

Subscribed and sworn to before me this

14<sup>th</sup> day of February, 2003

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....	21,009	2,626		18,383								521
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	3,759	470		3,289								93
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....												
17. Other liability.....	128	16		112								3
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.....	46,625	5,828		40,797	1,449	1,449						1,157
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	19,697	2,462		17,235								489
22. Aircraft (all perils).....												
23. Fidelity.....	4,624	578		4,046								115
24. Surety.....												
26. Burglary and theft.....	833	104		729								21
27. Boiler and machinery.....	2,090	261		1,829								52
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	98,765	12,346	0	86,419	1,449	1,449	0	0	0	0	0	2,451

DETAILS OF WRITE-INS

3301.....												
3302.....												
3303.....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

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ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....						(0)			(0)			
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.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....					27,558	24,128	244,011		(1,519)	25,727		
17. Other liability.....		(1,835)			(610)	(13)			(157)	(22)		
18. Products liability.....					91	557			82	104		
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.....					23,500	(86,641)	324,493	32,155	8,011	94,413		
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....					(2,776)	(5,286)	2	1,404	1,387	0		
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	2,198
34. TOTALS (a).....	0	(1,835)	0	0	48,281	(68,318)	569,050	33,559	7,803	120,221	0	2,198

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. No applicable direct written premium.....												2,198
3303.....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	2,198

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

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ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
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.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....												
17. Other liability.....	9	9				2	2		1	1		
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.....							15,000		(264)	2		
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	1,800
34. TOTALS (a).....	9	9	0	0	0	2	15,002	0	(263)	2	0	1,800

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. No applicable direct written premium.....												1,800
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	1,800

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

24.AR

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	277	337		160								7
2.1 Allied lines.....	724	1,250		365	691	691						17
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....	1,658	1,595		693	222	323		39		56		40
5.1 Commercial multiple peril (non-liability portion).....	227,129	243,119		97,129	186,867	156,666	148,261	(877)	(9,630)	2,126		5,478
5.2 Commercial multiple peril (liability portion).....	40,128	44,394		18,370	28	3,197	37,160	50,148	51,135	10,038		969
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	71,191	68,428		31,671	8,768	12,889	6,649	5	61	66		1,716
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....						44						60
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	36,978	28,046		10,109	11,689	40,683	188,423	215	3,092	24,215		892
17. Other liability.....	143,656	150,316		72,097		7,664	50,483	253	6,064	15,250		3,462
18. Products liability.....	9,626	8,429		2,272	63,000	54,918	3,944	19,525	19,136	951		232
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.....	560,473	590,021		225,876	301,775	650,560	952,956	271,740	325,420	220,129		13,513
21.1 Private passenger auto physical damage.....					(147)	(147)		30	30			
21.2 Commercial auto physical damage.....	264,616	288,341		145,426	1,747,737	1,832,885	118,200	2,877	3,269	626		6,380
22. Aircraft (all perils).....												
23. Fidelity.....	21,377	24,101		8,593		(702)	1,831					515
24. Surety.....	1,700	1,677		1,165			520		(9)	0		40
26. Burglary and theft.....	7,392	7,767		2,980	137,070	138,016	2,186		(12)	6		178
27. Boiler and machinery.....	8,592	9,672		4,741								209
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	1,395,517	1,467,494	0	621,647	2,457,479	2,897,587	1,510,935	343,916	398,594	273,463	0	33,707

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....1,264.

24.AZ

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	22,338	22,338			142,951	142,951		103	103		6,766	577
2.1 Allied lines.....	20,123	19,396		7,455	1,769	1,769		23	23		1,901	543
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).....	2,827,997	2,659,234		1,284,069	554,006	652,220	422,652	304	(7,670)	5,692		74,731
5.2 Commercial multiple peril (liability portion).....	504,666	478,110		223,190	972,393	679,461	695,974	631,302	525,236	172,633		13,332
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	321,086	324,997		147,446	239,866	225,863	40,163	145	308	402		8,481
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	230,398	227,783		136,054	4,241	4,241		1,757	1,757			6,106
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....	10,765	10,765		2,666	22,110	22,197	4,054					271
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	522,010	525,347		181,563	392,521	(24,013)	1,308,315	65,424	19,960	165,122		13,806
17. Other liability.....	1,293,489	1,194,549		555,993	317,789	333,615	467,872	84,042	124,119	143,038		34,194
18. Products liability.....	180,313	164,858		73,526	3,833	125,973	265,357	23,364	67,897	55,837		4,749
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.....	5,122,767	4,700,417		2,400,551	1,965,277	3,593,563	5,623,116	1,129,871	1,496,084	1,397,086		135,384
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	1,577,270	1,573,894		825,437	960,834	899,554	134,755	34,120	33,442	714		41,691
22. Aircraft (all perils).....												
23. Fidelity.....	106,762	108,349		50,647	13,024	(23,741)	8,089					2,816
24. Surety.....	30,289	27,122		16,254	4,659	17,659	19,000		(104)	2		814
26. Burglary and theft.....	34,077	33,196		17,106	(14,010)	(14,160)	9,659		(111)	25		916
27. Boiler and machinery.....	31,181	31,142		19,010								814
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	23,000	0	0	17,712	17,712	0	0	0	0	0	0
34. TOTALS (a).....	12,835,531	12,124,498	0	5,940,968	5,598,975	6,654,865	8,999,008	1,970,455	2,261,043	1,940,552	8,668	339,224

DETAILS OF WRITE-INS

3301. Warranty.....		23,000			17,712	17,712						
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	23,000	0	0	17,712	17,712	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....39,950.

24.CA

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....	1,887	1,883		953	956	(44)						35
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).....	858,302	765,380		387,789	716,657	1,222,093	794,336	370	6,533	11,493		18,373
5.2 Commercial multiple peril (liability portion).....	121,785	111,398		48,546	66,183	(16,960)	16,221	74,906	51,791	4,185		2,604
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	181,721	172,719		71,540	70,732	60,215	7,567	41	37	76		3,889
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	1,209	1,317		1,015								24
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....	5,253	5,375		121	5,746	4,166	2,024					118
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	397,100	351,940	11,747	112,078	290,861	458,731	353,272	13,249	33,585	44,095		22,258
17. Other liability.....	403,023	359,078		170,877	563,384	556,029	190,136	17	6,698	53,658		8,627
18. Products liability.....	27,598	24,727		14,449		5,036	19,727	12,107	15,472	4,354		589
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).....	210,092	194,021		96,295	51,474	(1,382,403)	162,681	11,070	25,932	41,316		4,502
19.4 Other commercial auto liability.....	1,871,557	1,655,227		886,801	1,543,455	1,758,227	1,638,288	128,761	171,357	434,774		40,104
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	1,238,083	1,027,387		712,488	833,853	946,950	200,090	7,159	7,602	1,061		26,504
22. Aircraft (all perils).....												
23. Fidelity.....	106,199	92,401		50,685	(412)	(39,869)	6,877					2,274
24. Surety.....	7,674	7,879		3,338								165
26. Burglary and theft.....	15,657	14,149		8,315	21,511	21,762	4,111		(43)	11		330
27. Boiler and machinery.....	56,957	50,994		27,399								1,214
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	(2,556)	(2,556)	0	0	0	0	0	0
34. TOTALS (a).....	5,504,097	4,835,876	11,747	2,592,691	4,161,844	3,591,377	3,395,331	247,681	318,963	595,023	0	131,610

DETAILS OF WRITE-INS

3301. Warranty.....		(2,556)			(2,556)	(2,556)						
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	(2,556)	(2,556)	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....5,013.

24.CO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....	1,473	1,603		654	1,190	1,190						30
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).....	141,332	123,042		80,205	2,203	(4,092)	9,399	1	(569)	120		2,743
5.2 Commercial multiple peril (liability portion).....	7,281	7,138		3,814	75,000	68,777	711	8,872	7,166	166		142
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	48,994	47,148		16,671	3,063	3,263	1,979	420	432	20		951
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	218,220	219,902	21,364	72,328	437,704	569,708	769,014	46,692	60,802	96,577		15,736
17. Other liability.....	161,848	154,769		62,535		(3,078)	54,829		3,773	16,480		3,142
18. Products liability.....	15,027	13,303		7,117		1,162	12,078		1,956	2,639		292
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.....	366,722	342,960		155,278	86,969	1,205,446	1,768,990	34,760	261,575	406,031		7,116
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	117,864	107,118		55,264	83,765	84,128	4,980	489	483	26		2,288
22. Aircraft (all perils).....												
23. Fidelity.....	2,149	2,148		500		(131)	126					42
24. Surety.....	1,500	1,425		522								30
26. Burglary and theft.....	1,128	1,120		449		40	325		(3)	1		21
27. Boiler and machinery.....	5,142	5,147		2,043								99
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	1,088,680	1,026,822	21,364	457,380	689,894	1,926,413	2,622,432	91,234	335,614	522,060	0	32,631

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....2,087.

24.CT

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
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.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....												
17. Other liability.....												
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.....		88										
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	200
34. TOTALS (a).....	0	88	0	0	0	0	0	0	0	0	0	200

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. No applicable direct written premium.....												200
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	200

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

24.DC

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....	457	453		255		41	119		7	21		24
5.1 Commercial multiple peril (non-liability portion).....	20,029	18,506		7,158	(2,592)	(2,941)	1,513		(44)	19		1,067
5.2 Commercial multiple peril (liability portion).....	7,422	7,027		2,799	376	257	595	46	81	143		395
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	1,723	1,715		406		(34)	79		0	1		92
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	19,136	18,795	781	3,290	54,786	268,629	289,199	3,749	23,133	26,538		4,187
17. Other liability.....	11,244	12,244		3,760		5	4,007		339	1,214		599
18. Products liability.....						3	18		3	3		
19.1 Private passenger auto no-fault (personal injury protection).....						(944)			(8)			
19.2 Other private passenger auto liability.....						(6,531)		2,275	1,778			
19.3 Commercial auto no-fault (personal injury protection).....	2,815	3,091		952		(20,168)	1,399		1	373		150
19.4 Other commercial auto liability.....	27,130	28,477		7,218	3,693	39,331	53,825	346	11,250	15,777		1,445
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	7,144	7,975		2,540	9,948	10,947	1,561	4	8	8		381
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....	60	28		32								3
26. Burglary and theft.....	235	59		176		(2)	17		(0)	0		12
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	97,395	98,369	781	28,587	66,211	288,595	352,331	6,419	36,548	44,098	0	8,356

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....186.

24.DE

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....	8,956	20,460		1,822	5,911	10,513	8,299	16	825	1,441		2,151
5.1 Commercial multiple peril (non-liability portion).....						(3)	1		(0)	0		
5.2 Commercial multiple peril (liability portion).....						461,151	581,401	25,563	153,494	162,792		
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	392	1,290		3		(32)	61		0	1		94
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	3	3			220,720	366,438	1,079,535	6,943	107,441	131,535		1
17. Other liability.....	345	533		38		(257)	315		(34)	91		83
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....					115	115		1	1		9	
19.2 Other private passenger auto liability.....	143	143			84	84		1	1		14	34
19.3 Commercial auto no-fault (personal injury protection).....	3	26			6	(549)	16		(5)	4	1	1
19.4 Other commercial auto liability.....	1,269	2,762		95	68	(3,567)	5,342	496	(497)	1,480	9	305
21.1 Private passenger auto physical damage.....	3	3			(7)	(7)					0	1
21.2 Commercial auto physical damage.....	1,471	1,815		108	(1,367)	(1,368)	1	425	425	0	0	353
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....		123				(15)	37		(1)	0		
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	12,585	27,157	0	2,066	225,530	832,503	1,675,009	33,445	261,651	297,345	33	3,024

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....48.

24.FL

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....						(0)	(1)		(0)	(0)		
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....							2,115		12	21		
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....					121,690	65,239	137,082	5,271	(3,485)	15,129		
17. Other liability.....							10,000		188	3,741		
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.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	5,834
34. TOTALS (a).....	0	0	0	0	121,690	65,238	149,196	5,271	(3,285)	18,891	0	5,834

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. No applicable direct written premium.....												5,834
3303.....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	5,834

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

24.GA

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	32,504	32,527		1,107	158,515	158,514		96	96		8,381	8,424
2.1 Allied lines.....	47,549	54,717		17,861	57,976	58,488	8,500	3,421	3,421		2,428	1,136
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....	150,408	161,743		59,745	205,063	161,588	46,527	7,353	49	8,077	8,160	4,803
5.1 Commercial multiple peril (non-liability portion).....	13,366,144	12,555,913		6,154,165	5,060,016	5,306,495	3,167,301	35,383	(51,724)	40,651	7,336	338,714
5.2 Commercial multiple peril (liability portion).....	2,134,836	2,106,790		965,950	3,154,950	6,964,157	12,861,996	1,847,063	1,881,199	1,156,154	314	53,747
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	3,797,895	3,664,237		1,548,326	1,630,102	1,694,549	950,316	10,662	16,268	9,503	9,236	95,613
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	431,596	396,018		242,055	4,241	4,241		1,757	1,757		15	10,551
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												5,659
15.6 All other A & H.....	106,667	106,935		13,532	138,093	138,093	40,000					
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	6,364,840	6,251,786	511,241	2,396,600	6,388,664	7,380,239	24,386,871	318,851	799,680	2,318,381	257	245,375
17. Other liability.....	8,230,336	7,506,140		3,840,403	3,110,788	3,041,465	3,965,478	295,053	512,701	1,229,472	6,187	197,450
18. Products liability.....	496,483	474,844		198,557	90,741	1,200,041	1,986,800	182,323	548,224	448,229	38	12,617
19.1 Private passenger auto no-fault (personal injury protection).....	11,729	12,577		4,408	11,252	(63,253)	67,004	215	(1,766)	1,782	9	190
19.2 Other private passenger auto liability.....	56,313	60,762		21,500	15,233	149,795	216,062	13,828	11,812	4,178	14	937
19.3 Commercial auto no-fault (personal injury protection).....	564,348	523,919		255,177	188,548	(3,943,633)	514,066	23,304	64,310	131,458	2,176	14,668
19.4 Other commercial auto liability.....	24,817,310	22,830,385		11,351,291	12,879,100	16,806,889	29,021,419	4,219,186	4,927,153	7,309,849	22,059	618,678
21.1 Private passenger auto physical damage.....	57,590	60,876		22,112	23,660	26,870	94,000	793	702	324	0	926
21.2 Commercial auto physical damage.....	10,998,352	10,008,899		5,498,150	7,469,923	7,863,005	1,270,811	88,737	89,195	6,629	6,257	259,901
22. Aircraft (all perils).....												
23. Fidelity.....	709,397	637,046		338,601	53,237	103,311	243,080				38	16,213
24. Surety.....	162,351	159,032		83,177	17,353	29,982	108,675	770	(870)	11	12	4,212
26. Burglary and theft.....	195,861	176,960		93,847	172,038	190,186	63,500		(465)	165	55	4,511
27. Boiler and machinery.....	367,803	334,926		174,677							78	8,206
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	23,000	0	0	15,126	15,126	0	0	0	0	0	17,664
34. TOTALS (a).....	73,100,313	68,140,032	511,241	33,281,242	40,844,620	47,286,149	79,012,406	7,048,796	8,801,740	12,664,863	73,052	1,920,195

DETAILS OF WRITE-INS

3301. Warranty.....		23,000			15,126	15,126						
3302. No applicable direct written premium.....												17,664
3303.....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	23,000	0	0	15,126	15,126	0	0	0	0	0	17,664

(a) Finance and service charges not included in Lines 1 to 34 \$.....154,692.

24.GT

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF IOWA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....	1,443	2,188		621		(400)						36
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).....	208,883	165,092		93,585	2,646	3,636	11,345	1	(264)	152		4,990
5.2 Commercial multiple peril (liability portion).....	10,885	9,870		3,435		147	621		87	158		261
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	230,267	184,133		92,817	57,359	58,973	13,552	48	131	136		5,501
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	392,623	323,843	28,464	146,389	140,143	264,995	256,922	1,884	17,387	32,748		9,379
17. Other liability.....	157,208	125,358		67,943	1,475	17,447	37,922	5	6,710	11,575		3,756
18. Products liability.....	4,032	1,690		2,342		8,472	8,472		2,571	2,571		95
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.....	392,994	333,770		173,165	57,846	103,959	91,732	10,434	24,191	26,325		9,391
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	207,449	172,945		97,574	113,209	119,926	8,633	409	442	46		4,955
22. Aircraft (all perils).....												
23. Fidelity.....	19,716	15,497		8,180		(877)	761					471
24. Surety.....	1,560	903		831								36
26. Burglary and theft.....	6,725	6,277		2,695	1,936	5,001	4,287		(6)	11		162
27. Boiler and machinery.....	22,649	18,887		9,526								542
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	1,656,434	1,360,452	28,464	699,102	374,614	581,280	434,246	12,782	51,248	73,722	0	39,575

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....956.

24.1A

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....	1,074	1,072		236	361	3,861	3,500					35
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).....	636,370	593,208		297,997	398,933	734,954	601,822	37	(8,852)	6,767		18,868
5.2 Commercial multiple peril (liability portion).....	82,233	81,600		38,551	77,757	36,182	6,904	129,570	118,330	1,660		2,441
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	200,470	178,046		83,675	15,290	11,291	7,399	9	33	74		5,944
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	8,506	10,286		5,773								255
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....	2,880	2,880		121	6,726	6,122	1,085					88
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	1,119	1,414		762	(137)	859		(21)	109			435
17. Other liability.....	302,288	262,298		137,580	16,500	(13,667)	109,424	17,242	17,796	34,174		8,964
18. Products liability.....	16,325	15,461		7,593	500	3,724	15,493		2,843	3,615		483
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....						(177)			(13)			
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....	1,008,954	879,621		476,382	251,794	572,968	770,483	102,258	182,840	204,366		29,887
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	590,821	526,525		278,781	246,331	256,541	33,803	113	125	179		17,516
22. Aircraft (all perils).....												
23. Fidelity.....	63,140	54,073		27,131	(753)	108,535	117,050					1,870
24. Surety.....	14,138	13,434		6,791								421
26. Burglary and theft.....	10,069	8,741		4,271	2,036	2,996	2,457		(14)	6		299
27. Boiler and machinery.....	23,405	21,137		10,383								694
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	2,961,792	2,649,796	0	1,376,027	1,015,475	1,723,191	1,670,278	249,230	313,065	250,950	0	88,199

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....4,493.

24.ID

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	124	124			126	126					99	4
2.1 Allied lines.....	24	65			19	19		1	1		19	
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....	326	326			329	361	85	1	7	15	260	7
5.1 Commercial multiple peril (non-liability portion).....	284,629	269,965		130,574	19,949	21,517	31,061	4	(741)	414		5,195
5.2 Commercial multiple peril (liability portion).....	31,099	31,792		12,409	120,873	337,975	1,204,992	103,207	(18,850)	(35,937)		566
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	79,365	75,542		40,681	69,190	78,320	32,291	43	264	323		1,450
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	4,073	3,957		1,369								75
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	412,721	388,651	53,228	191,930	246,215	235,356	2,400,611	17,783	13,904	47,935		8,457
17. Other liability.....	236,458	217,811		116,354	92,439	23,101	80,274	36,457	21,680	24,588		4,315
18. Products liability.....	4,898	2,955		3,422		100,776	122,364	1,966	36,703	37,177		89
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.....	731,100	702,453		291,462	149,359	170,791	923,048	53,029	60,707	187,199		13,337
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	226,757	220,750		104,369	293,812	313,999	61,784	376	408	327		4,137
22. Aircraft (all perils).....												
23. Fidelity.....	13,917	14,465		5,853		(383)	899					253
24. Surety.....	1,296	1,080		774								22
26. Burglary and theft.....	3,934	3,865		1,691		10,289	11,103		18	29		71
27. Boiler and machinery.....	11,675	11,977		4,404								212
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	2,042,397	1,945,778	53,228	905,292	992,311	1,292,248	4,868,513	212,866	114,100	262,070	379	38,192

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....2,607.

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....		109										
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).....	107,393	75,067		68,099	5,002	4,300	5,613	2	(146)	72		1,958
5.2 Commercial multiple peril (liability portion).....	14,458	8,087		10,280		(18,086)	10,607	1,155	(4,118)	2,947		264
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	137,253	127,728		42,176	(772)	45,904	49,511	474	956	495		2,503
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	1,724	1,487		1,617								32
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	91,490	81,386	7,008	54,352	109,307	97,187	78,683	87	(1,889)	9,937		1,668
17. Other liability.....	97,826	94,728		37,346		162,020	267,187	4,525	37,073	66,476		1,784
18. Products liability.....	2,019	2,194		854		104,074	135,953	22,251	45,448	26,916		37
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.....	203,793	179,989		108,364	15,875	46,943	94,057	3,984	12,675	26,045		3,714
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	61,966	55,457		24,291	27,736	20,311	476	44	(10)	3		1,129
22. Aircraft (all perils).....												
23. Fidelity.....	3,032	2,998		1,305		(1,316)	261					55
24. Surety.....	210	210		100								4
26. Burglary and theft.....	1,012	927		832		(12)	272		(3)	1		18
27. Boiler and machinery.....	1,488	1,503		1,094								28
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	723,664	631,869	7,008	350,710	157,148	461,324	642,620	32,521	89,985	132,890	0	13,194

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....430.

24.IN

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....					12,017	12,017		4	4			
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.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....					191	191						
17. Other liability.....						(1)		(0)				
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.....						(3)	0	(1)	0			
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....						(0)						
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....	351	351										
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	1,215
34. TOTALS (a).....	351	351	0	0	12,209	12,204	0	4	3	0	0	1,215

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. No applicable direct written premium.....												1,215
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	1,215

(a) Finance and service charges not included in Lines 1 to 34 \$.....5.

24.KS

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		13										
2.1 Allied lines.....		706			305	305						
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).....	440,813	415,633		195,184	315,962	297,444	64,788	12,536	9,201	885		29,277
5.2 Commercial multiple peril (liability portion).....	82,507	77,091		35,571	45,588	74,301	78,490	7,069	10,100	16,384		5,479
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	166,174	177,970		84,221	107,714	116,012	34,715	64	295	347		11,033
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	15,625	15,516		6,521								1,039
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....	377	377		32	44	54	142					25
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	3,137	3,180		1,261	174,808	420,963	1,207,541	4,420	66,613	136,630		210
17. Other liability.....	203,217	196,439		95,741	7,511	(52,247)	149,532	7,199	(424)	49,436		13,494
18. Products liability.....	6,693	7,308		2,123		9,876	21,281	7,013	11,788	5,499		445
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).....	50,453	47,629		22,710	16,687	(209,976)	27,919	322	2,408	7,670		3,352
19.4 Other commercial auto liability.....	654,124	622,824		299,831	118,712	187,793	539,573	29,013	44,209	144,817		43,451
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	223,953	216,520		101,097	227,135	228,653	14,702	249	233	78		14,880
22. Aircraft (all perils).....												
23. Fidelity.....	8,787	7,817		6,321		82,051	83,638					581
24. Surety.....	3,636	2,778		1,490								247
26. Burglary and theft.....	1,438	1,350		772		(76)	395		(6)	1		99
27. Boiler and machinery.....	1,059	944		334								74
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	1,861,993	1,794,093	0	853,207	1,014,466	1,155,152	2,222,716	67,886	144,418	361,746	0	123,687

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....5,236.

24.KY

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....						3,522,269	3,601,269	44,753	318,521	292,177		
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....	550	550		90		15	207					
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....					20,935	64,167	310,982	120	4,261	39,992		
17. Other liability.....						(7)	0		(1)	0		
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.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	3,131
34. TOTALS (a).....	550	550	0	90	20,935	3,586,443	3,912,458	44,873	322,780	332,169	0	3,131

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. No applicable direct written premiums.....												3,131
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	3,131

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

24.LA

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	3,060	3,060			12,480	12,479		(1)	(1)		943	7,726
2.1 Allied lines.....	4,547	4,085		1,345	3,036	3,036		68	68		307	138
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....	25,053	25,053			17,375	20,811	4,767	215	815	828	7,725	742
5.1 Commercial multiple peril (non-liability portion).....	695,645	657,586		336,784	217,037	249,286	163,424	(10)	(4,868)	1,854		20,701
5.2 Commercial multiple peril (liability portion).....	91,187	93,913		52,549	1,098	28,387	214,281	3,708	6,899	55,909		2,713
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	79,521	81,046		17,881	29,864	5,842	18,276	18	14	183	35	2,364
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	1,416	1,397		146								42
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	1,214	1,183		714	80,573	27,882	480,420	1,055	(1,466)	17,717		32
17. Other liability.....	406,729	367,496		159,646	6,163	20,239	137,950	11,823	25,029	42,773		12,105
18. Products liability.....	26,778	26,908		12,112	2,000	104,401	129,974	10,682	40,828	32,415		795
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....							25,000		(1,235)	665		
19.3 Commercial auto no-fault (personal injury protection).....	28,840	28,079		12,684	44,262	(106,310)	36,704	1,319	6,614	10,261		956
19.4 Other commercial auto liability.....	1,498,395	1,424,701		657,181	456,393	458,692	699,284	156,188	153,542	175,900		49,636
21.1 Private passenger auto physical damage.....							90,000	202	99	309		
21.2 Commercial auto physical damage.....	675,228	616,952		311,177	390,738	397,030	115,498	1,441	1,232	506		22,375
22. Aircraft (all perils).....												
23. Fidelity.....	3,282	3,553		592		(329)	137					95
24. Surety.....	1,063	1,028		437								32
26. Burglary and theft.....	2,157	2,297		658		123	657					64
27. Boiler and machinery.....	18,065	16,176		5,553					(6)	2		541
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	3,562,180	3,354,515	0	1,569,459	1,261,019	1,221,568	2,116,373	186,708	227,565	339,322	9,010	121,055

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....15,267.

24.MA

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....	135	135		47								4
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).....	115,133	94,322		57,081	2,039	1,797	6,868	107	(43)	89		3,889
5.2 Commercial multiple peril (liability portion).....	10,898	13,260		5,343	4,852	500	1,165	592	(527)	278		368
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	70,804	52,180		31,733	29,491	29,869	5,169	37	68	52		2,391
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	253	349		142								8
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	38,897	37,694		8,572	21,734	(8,586)	45,706	453	(3,800)	5,841		1,464
17. Other liability.....	99,214	87,595		40,151		7,625	28,966		4,032	8,760		3,352
18. Products liability.....	800	329		471		90	90		23	23		27
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).....	5,206	4,885		1,987		(21,423)	2,243		223	598		176
19.4 Other commercial auto liability.....	194,416	179,327		80,171	56,840	142,788	90,962	1,433	25,265	25,214		6,565
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	61,238	51,755		29,221	39,977	41,645	2,993	38	45	16		2,068
22. Aircraft (all perils).....												
23. Fidelity.....	7,279	4,831		3,127		96	364					246
24. Surety.....	1,780	1,785		608								60
26. Burglary and theft.....	2,624	1,408		1,514		151	399		(2)	1		89
27. Boiler and machinery.....	3,171	1,581		2,163								107
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	611,848	531,434	0	262,329	154,932	194,552	184,925	2,660	25,284	40,872	0	20,813

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....791.

24.MD

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF MAINE DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....						(0)			(0)			
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.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....					41,823	21,784	199,262	4,164	7,003	14,022		
17. Other liability.....	300	295		114	(299)	95		(55)	29			
18. Products liability.....					1	10		1	2			
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.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	1,149
34. TOTALS (a).....	300	295	0	114	41,823	21,486	199,367	4,164	6,949	14,053	0	1,149

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. No applicable direct written premium.....												1,149
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	1,149

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

24.ME

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....	13	270										
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).....	294,334	249,325		139,395	89,266	77,675	26,691	299	(1,226)	359		9,630
5.2 Commercial multiple peril (liability portion).....	70,794	58,361		34,280	27,728	42,407	19,323	3,380	7,914	5,265		2,313
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	136,820	136,653		53,313	71,556	45,013	8,361	974	904	84		4,476
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	38	35		3								
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	314,406	301,361	20,234	97,288	441,015	609,083	827,301	6,115	33,236	81,179		11,840
17. Other liability.....	124,970	115,138		55,960	5,301	43,974	80,741	2,580	19,914	26,613		4,090
18. Products liability.....	1,782	2,385		1,125		29,822	37,962	6,616	15,534	9,712		60
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).....	66,349	47,138		33,470	11,262	(579,366)	20,793	218	525	5,559		2,168
19.4 Other commercial auto liability.....	263,473	238,083		116,630	335,881	458,683	328,682	84,506	121,365	93,579		8,621
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	222,497	197,710		106,909	77,209	83,236	25,181	52	50	133		7,276
22. Aircraft (all perils).....												
23. Fidelity.....	11,957	10,230		5,162		(1,806)	988					391
24. Surety.....	678	855		313								20
26. Burglary and theft.....	3,813	3,692		1,742		(58)	1,088		(13)	3		125
27. Boiler and machinery.....	22,209	20,077		9,214								728
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	1,534,133	1,381,313	20,234	654,803	1,059,218	808,662	1,377,109	104,740	198,202	222,485	0	51,739

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....1,482.

24-MI

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....	4,649	4,954		1,814	452	452					6	88
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).....	529,391	594,189		194,763	152,609	75,590	83,928	3,956	(3,189)	1,101	730	9,854
5.2 Commercial multiple peril (liability portion).....	120,337	151,355		43,137	20,050	39,382	135,056	15,253	(101,219)	(85,638)	163	2,241
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	102,471	82,979		45,835	20,388	20,564	3,507	395	416	35	139	1,907
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....	9,631	10,755		632	7,458	6,814	3,777					181
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	190,146	251,425	12,730	91,909	661,994	655,456	3,124,095	44,513	152,183	269,224	257	3,537
17. Other liability.....	309,762	292,365		140,562	30,448	(12,037)	174,298	8,317	6,028	56,664	419	5,766
18. Products liability.....	24,572	26,372		6,428		9,371	29,928		5,904	7,199	33	458
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).....	25,627	25,998		8,785	4,592	(155,465)	29,990	3,211	4,643	8,556	35	478
19.4 Other commercial auto liability.....	515,953	498,677		188,378	95,700	139,264	1,106,287	10,148	13,676	296,308	698	9,597
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	289,269	271,742		129,010	88,848	85,186	7,288	281	242	39	391	5,380
22. Aircraft (all perils).....												
23. Fidelity.....	17,428	15,191		4,920		(2,468)	1,473				24	325
24. Surety.....	3,717	4,440		1,400			15,000		(232)	1	5	68
26. Burglary and theft.....	4,120	3,435		1,783		(434)	1,041		(18)	3	6	76
27. Boiler and machinery.....	10,509	8,339		4,739							14	197
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	2,157,582	2,242,216	12,730	864,094	1,082,538	861,674	4,715,667	86,074	78,434	553,493	2,921	40,153

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....7,360.

24.MN

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
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.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....	2,727	2,727		1,240	3,963	4,035	1,027					2,617
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....												
17. Other liability.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....							15,000	2,721	1,980	399		
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....	(20)	(7)			(14)	(4)	19		3	5	(12)	
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....	50	50		44								48
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	2,757	2,770	0	1,284	3,949	4,031	16,046	2,721	1,982	404	(12)	2,665

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

24.MO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
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.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....												
17. Other liability.....						(25)	47	(3)	13			
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.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	1,510
34. TOTALS (a).....	0	0	0	0	0	(25)	47	(3)	13	0	0	1,510

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. No applicable direct written premium.....												1,510
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	1,510

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

24.MS

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....	2,872	2,026		846		72	98		0	1		710
5.2 Commercial multiple peril (liability portion).....	1,155	815		340		28	40		9	11		285
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....						(6)	1		(0)	0		
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....					12,289	17,145	123,148		252	9,657		500
17. Other liability.....	1,156	583		573		131	131		42	42		286
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.....	1,860	1,312		548		39	39		11	11		459
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	998	704		294		(0)						247
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....	300	300		124								74
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	8,341	5,740	0	2,725	12,289	17,409	123,456	0	314	9,721	0	2,561

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. No applicable direct written premium.....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

24.MT

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....	554	546		47		0	40		(1)	1		148
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.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....	2,031	2,031			5,099	5,153	765					544
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....					68,133	15,067	409,498		(498)	9,023		
17. Other liability.....	383	243		144		47	61		16	19		103
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.....	4,354	4,017		731		30	52		8	14		1,167
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	1,877	898		1,161		1	5			0		503
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	9,199	7,734	0	2,083	73,232	20,299	410,421	0	(475)	9,056	0	2,465

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....37.

24.NC

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....	(6)	1,717			14,640	9,521		167	167			
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).....	146,767	207,759		80,721	18,294	(21,674)	21,334	15	(2,694)	259	792	2,974
5.2 Commercial multiple peril (liability portion).....	5,998	10,596		4,752		4,215	6,270	2,283	3,656	1,690	31	121
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	47,202	77,540		20,126	(3,310)	(14,463)	3,630	8	(20)	36	244	956
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....	6,504	6,504		150	14,176	13,892	2,450					132
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....												
17. Other liability.....	73,370	106,196		36,042	5,095	(7,651)	74,596	18	3,008	23,859	379	1,487
18. Products liability.....	4,941	8,855		2,479		(94)	10,638		1,590	2,260	26	100
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).....	8,714	14,762		4,436	679	(153,478)	7,661	13	(640)	2,031	45	176
19.4 Other commercial auto liability.....	157,358	245,213		79,285	79,336	(27,744)	706,751	138,942	108,920	194,187	813	3,188
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	144,793	235,703		92,109	90,237	76,979	3,215	1,265	1,165	17	748	2,933
22. Aircraft (all perils).....												
23. Fidelity.....	3,894	5,396		1,620		(2,155)	717				20	78
24. Surety.....	1,144	1,455		594							6	23
26. Burglary and theft.....	1,216	1,946		404		(413)	605		(13)	2	6	24
27. Boiler and machinery.....	2,591	4,455		1,530							13	53
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	604,486	928,096	0	324,249	219,146	(123,064)	837,867	142,711	115,138	224,342	3,122	12,247

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....2,347.

24.NID

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....	59,259	23,869		35,880		958	1,106		11	16		455
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	6,663	3,005		3,820	7,110	1,001	111	4	(22)	1		51
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	1,642	600		1,042								13
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	18,093	15,369		3,757	31,981	52,345	21,774	20	2,626	2,790		139
17. Other liability.....	199	195		74		(6)	85		5	25		1
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.....	79,743	32,564		49,211	73	12,199	12,215	2	3,311	3,334		612
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	140,912	64,243		77,705	23,170	24,152	1,017		5	5		1,081
22. Aircraft (all perils).....												
23. Fidelity.....	11,953	4,629		7,324		29	29					92
24. Surety.....												
26. Burglary and theft.....	2,083	895		1,214		213	240		0	1		16
27. Boiler and machinery.....	2,492	1,446		1,128								19
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	323,039	146,813	0	181,155	62,334	90,891	36,577	26	5,936	6,172	0	2,479

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

24.NE

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....		4			1,218	(251)		48	48			
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).....	172,503	152,810		82,100	252,674	256,125	19,965	87	(247)	267		4,624
5.2 Commercial multiple peril (liability portion).....	26,581	25,091		11,508	4,348	(2,141)	2,287	530	(1,060)	543		713
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	74,183	71,495		26,336	109,362	34,473	200,913	163	959	2,009		1,991
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	606,384	580,134		224,702	407,728	283,663	815,555	10,590	(9,290)	104,183		41,408
17. Other liability.....	190,595	180,413		91,340	30,139	(5,587)	74,146	105	(4,700)	22,337		5,109
18. Products liability.....	17,716	13,500		6,923	632	(4,293)	15,216	1,875	3,753	3,599		476
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.....	400,143	359,148		204,889	68,319	94,734	161,979	22,810	28,870	43,341		10,724
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	144,286	133,903		71,201	38,293	44,926	16,906	513	530	90		3,871
22. Aircraft (all perils).....												
23. Fidelity.....	1,719	1,909		790		(206)	172					44
24. Surety.....	2,345	2,190		249								62
26. Burglary and theft.....	1,729	1,692		638		33	491		(5)	1		48
27. Boiler and machinery.....	4,450	3,662		2,491								119
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	1,642,634	1,525,953	0	723,165	912,712	701,476	1,307,631	36,721	18,858	176,371	0	69,189

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....4,965.

24.NH

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....		94										
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).....	237,011	258,477		114,491	125,403	121,699	26,646	43	(662)	341		9,698
5.2 Commercial multiple peril (liability portion).....	42,925	52,285		23,752	1,087,685	1,370,415	5,421,050	308,749	424,308	338,332		1,758
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	28,042	24,336		11,679	29,335	29,353	1,033	17	23	10		1,147
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	6,513	6,513										266
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	234,603	230,882	22,767	90,776	155,501	123,501	423,235	5,713	327	50,794		9,598
17. Other liability.....	179,363	168,456		68,399	2,813	32,488	95,661	3,004	14,696	27,083		7,339
18. Products liability.....	3,638	3,655		188	3,674	19,985	25,112	13,194	17,724	4,992		150
19.1 Private passenger auto no-fault (personal injury protection).....					10,707	56,537	67,004	250	423	1,782		
19.2 Other private passenger auto liability.....					(3,110)	(3,110)						
19.3 Commercial auto no-fault (personal injury protection).....	6,729	6,618		2,853	85	(39,299)	3,058	2	109	815		300
19.4 Other commercial auto liability.....	379,591	326,946		167,170	47,508	30,718	650,842	89,115	82,140	45,004		16,743
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	99,938	88,891		40,527	56,475	48,936	2,158	49	(8)	11		4,088
22. Aircraft (all perils).....												
23. Fidelity.....	2,440	1,844		987		(837)	165					100
24. Surety.....	2,094	2,157		425								85
26. Burglary and theft.....	477	530		150		(93)	159		(3)	0		20
27. Boiler and machinery.....	1,002	1,002		295								40
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	1,224,366	1,172,687	22,767	521,692	1,516,076	1,790,293	6,716,123	420,137	539,077	469,167	0	51,332

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....3,053.

24.NJ

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....	1,868	4,401		981	2,451	2,559	253	1	(0)	3		1,014
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	32	60		14								17
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....					560	(200)	944		(107)	121		
17. Other liability.....	787	8,491		973	5,500	6,757	2,698	19	515	819		427
18. Products liability.....	771	1,709		1,087		5,427	5,586		1,666	1,678		419
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.....	(2)	35				(1)			(0)			
21.1 Private passenger auto physical damage.....												(0)
21.2 Commercial auto physical damage.....	(1,646)	3,495				13	23		0	0		0
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	1,810	18,189	0	3,054	8,511	14,554	9,503	20	2,074	2,622	0	1,877

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

24.NM

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....	1,543	1,699		590	1,560	1,560		62	62			50
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).....	591,262	551,957		255,831	309,078	251,824	167,674	5,236	(724)	1,109		20,530
5.2 Commercial multiple peril (liability portion).....	84,792	82,055		32,791	370,143	314,150	70,140	108,106	90,100	17,409		2,947
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	36,318	36,472		17,181	3,507	(9,530)	1,563	4,333	4,284	16		1,260
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	12,535	12,744		9,950								437
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	152,496	145,251	19,787	57,396	5,316	21,745	71,113	3	1,865	9,010		8,690
17. Other liability.....	285,445	267,134		129,152	1,298,601	1,451,161	269,938	1,944	70,124	93,842		9,913
18. Products liability.....	14,839	14,651		4,104		(3,503)	167,253	63,491	92,143	45,367		516
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.....	1,114,314	1,056,663		549,731	1,919,807	1,026,876	1,661,097	592,583	340,167	451,219		38,698
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	495,012	451,814		294,640	202,307	224,742	50,642	33,013	33,082	268		17,186
22. Aircraft (all perils).....												
23. Fidelity.....	27,776	27,031		16,824	(3,500)	(14,181)	2,335					962
24. Surety.....	23,757	24,706		8,414	12,323	6,823	39,000		(766)	4		824
26. Burglary and theft.....	8,920	8,538		4,250		(275)	2,499		(32)	7		308
27. Boiler and machinery.....	8,543	8,881		3,917								298
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	2,857,552	2,689,595	19,787	1,384,771	4,119,144	3,271,393	2,503,254	808,771	630,305	618,251	0	102,616

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....4,971.

24.NV

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	5,668	5,617		947	2,300	2,300		(36)	(36)		134	91
2.1 Allied lines.....	3,902	4,007		1,191	190	190		8	8		50	61
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....	113,559	113,457		56,974	107,856	130,991	32,855	290	4,332	5,704		1,828
5.1 Commercial multiple peril (non-liability portion).....	672,086	614,126		306,105	449,281	439,266	71,098	8,790	6,220	947		10,806
5.2 Commercial multiple peril (liability portion).....	87,839	84,546		42,908	75,278	(27,835)	205,265	74,474	40,020	53,713		1,410
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	200,131	200,801		92,304	60,084	314,785	358,620	1,917	5,046	3,586		3,215
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	424	424		316								8
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	713,946	750,168	101,790	329,181	509,348	1,123,515	2,628,858	3,911	80,433	293,750		18,781
17. Other liability.....	596,487	551,691		258,564	62,000	(140,105)	390,244	82,949	45,484	122,646		9,593
18. Products liability.....	20,657	18,296		10,091		571,811	831,496	187	142,407	172,882		334
19.1 Private passenger auto no-fault (personal injury protection).....	11,729	12,577		4,408	430	(118,961)		(37)	(2,182)			190
19.2 Other private passenger auto liability.....	56,170	60,619		21,500	18,259	159,530	176,062	8,831	9,301	3,114		902
19.3 Commercial auto no-fault (personal injury protection).....	73,608	72,160		29,775	42,039	(997,661)	168,462	6,224	18,053	40,419	2,085	1,183
19.4 Other commercial auto liability.....	1,498,420	1,435,946		546,968	808,642	1,196,192	3,006,847	236,438	317,396	802,574	6,177	24,122
21.1 Private passenger auto physical damage.....	57,587	60,873		22,112	23,906	27,116	4,000	562	573	16		925
21.2 Commercial auto physical damage.....	569,936	536,234		213,108	257,396	243,400	29,984	2,248	2,095	159		9,168
22. Aircraft (all perils).....												
23. Fidelity.....	14,261	14,241		5,028		(4,637)	1,380					227
24. Surety.....	1,620	3,247		6,134	371	500	129		0	0		23
26. Burglary and theft.....	4,770	4,534		2,065		(78)	1,325		(16)	3		76
27. Boiler and machinery.....	12,017	11,097		5,878								190
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	4,714,817	4,554,659	101,790	1,955,557	2,417,380	2,920,319	7,906,624	426,755	669,134	1,499,513	8,446	83,132

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....8,353.

24.NY

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....	(36)	888			31,411	36,411	5,000	3,035	3,035			
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).....	588,122	558,629		270,369	284,279	269,552	103,515	3,386	(1,191)	1,425		13,929
5.2 Commercial multiple peril (liability portion).....	62,479	62,743		28,969	60,200	8,609	87,783	21,704	6,561	24,367		1,483
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	411,946	412,799		156,525	202,484	228,556	58,051	134	574	581		9,759
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	6,703	6,165		2,074								155
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....	63,916	62,939		8,478	69,815	73,802	23,704					1,514
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....												
17. Other liability.....	475,930	438,172		221,713	82,155	97,791	265,210	9,310	27,977	85,226		11,273
18. Products liability.....	20,453	21,534		5,355		1,196	17,918	53	2,918	3,909		481
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.....	1,175,285	1,085,006		543,179	541,758	600,037	1,146,679	69,941	67,707	297,621		27,834
21.1 Private passenger auto physical damage.....					(60)	(60)						
21.2 Commercial auto physical damage.....	418,109	395,531		184,086	130,885	171,246	64,519	604	774	342		9,907
22. Aircraft (all perils).....												
23. Fidelity.....	32,550	29,174		13,160		(7,388)	2,252					769
24. Surety.....	2,016	2,451		738			26		(0)			47
26. Burglary and theft.....	12,426	11,098		5,249		(384)	3,211		(42)	8		295
27. Boiler and machinery.....	8,097	8,132		1,174								194
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	3,277,996	3,095,262	0	1,441,068	1,402,927	1,479,369	1,777,867	108,167	108,313	413,479	0	77,641

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....6,718.

24.OH

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
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.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....												
17. Other liability.....	625	938		154		121	310		52	94		43
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.....	10,108	10,108										702
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	1,182	1,208		988		1	11		(0)	0		82
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	11,915	12,254	0	1,142	0	122	321	0	52	94	0	827

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. No applicable direct written premium.....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

24. OK

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF OREGON DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....	4,174	4,184		1,787								55
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).....	1,526,241	1,427,517		699,663	278,380	201,911	205,019	549	(11,276)	2,786		20,269
5.2 Commercial multiple peril (liability portion).....	207,656	235,387		104,026	75,402	128,784	154,327	32,881	41,013	33,138		2,763
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	345,793	323,775		133,206	188,257	158,017	31,404	112	155	314		4,597
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	94,497	73,770		46,405								1,260
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	279,044	284,111	12,176	83,531	255,177	341,075	1,814,209	45,153	164,624	206,338		3,702
17. Other liability.....	1,410,682	1,114,745		858,985	542,884	517,777	514,658	9,597	37,357	164,226		18,733
18. Products liability.....	39,069	37,572		12,247		17,352	48,947		8,354	10,270		519
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).....	68,575	60,554		32,978	17,462	(235,281)	34,239	758	4,090	9,330		906
19.4 Other commercial auto liability.....	3,025,467	2,694,421		1,430,636	1,293,304	1,507,151	2,512,873	362,651	379,693	624,557		40,195
21.1 Private passenger auto physical damage.....					(32)	(32)						
21.2 Commercial auto physical damage.....	1,086,652	1,053,225		518,632	487,764	490,137	114,755	855	665	608		14,433
22. Aircraft (all perils).....												
23. Fidelity.....	104,338	93,989		49,311	5,555	(11,610)	6,566					1,381
24. Surety.....	34,849	34,119		20,562		5,000	20,000	770	506	2		464
26. Burglary and theft.....	31,323	29,838		13,040	22,104	25,127	9,635		(67)	25		420
27. Boiler and machinery.....	61,953	56,523		31,730								818
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	8,320,313	7,523,730	12,176	4,036,740	3,166,256	3,145,406	5,466,632	453,324	625,115	1,051,595	0	110,516

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....13,191.

24. OR

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	361	361			153	153		30	30		166	3
2.1 Allied lines.....	83	159		7	31	31		5	5		59	1
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....					73,250	(1,750)		6,830	(5,987)			
5.1 Commercial multiple peril (non-liability portion).....	131,561	114,905		55,472	7,802	7,684	8,945	3	(191)	116		1,390
5.2 Commercial multiple peril (liability portion).....	14,363	14,826		6,046	40,000	(130,753)	26,145	30,356	(19,266)	7,278		152
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	87,000	75,979		41,849	22,508	24,191	4,112	17	48	41		920
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	913	913		95								10
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	312,443	287,809	36,024	126,465	361,953	314,494	955,692	5,883	(5,797)	112,048		(2,976)
17. Other liability.....	87,916	69,691		43,098	887	5,026	25,224	3	3,130	7,764		928
18. Products liability.....	7,740	4,683		3,825		1,108	2,405		485	565		82
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).....	9,249	9,061		3,552		2,000	2,000		596	596		118
19.4 Other commercial auto liability.....	280,579	244,039		121,379	847,819	469,318	141,637	59,038	(44,874)	39,314		3,453
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	107,563	100,933		46,735	64,038	69,488	6,590	35	62	35		1,323
22. Aircraft (all perils).....												
23. Fidelity.....	2,857	2,003		1,328		(76)	44					30
24. Surety.....	1,714	1,620		624								18
26. Burglary and theft.....	1,481	1,172		851	1	66	336		(3)	1	1	15
27. Boiler and machinery.....	1,672	1,081		879								18
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	1,047,494	929,234	36,024	452,206	1,418,442	760,980	1,173,130	102,199	(71,763)	167,758	225	5,485

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....2,576.

24.PA

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....						(0)			(0)			
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.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....												
17. Other liability.....						0	0	0	0	0		
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.....						0	0	0	0	0		
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....	100	100		57								
26. Burglary and theft.....						(3)			(0)			
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	627
34. TOTALS (a).....	100	100	0	57	0	(2)	0	0	0	0	0	627

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. No applicable direct written premium.....												627
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	627

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

24.RI

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....	73	133		35	36	36					11	4
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).....	35,068	41,344		17,614	(932)	3,458		(107)	43	5,620	2,150	
5.2 Commercial multiple peril (liability portion).....	428	421		114	(11)	37		1	9	69	26	
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	53,284	72,919		27,372	30,764	29,943	3,273	18	33	33	8,541	3,265
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	90	90		67							15	6
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....					884	(347)	521	3,296	3,129	50		25,635
17. Other liability.....	31,284	40,767		19,096	13,215	6,243	16,605	46	(186)	4,926	5,015	1,918
18. Products liability.....	(309)	1,500		812		240	1,269		219	284	(50)	
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....						(6,640)			(131)			
19.3 Commercial auto no-fault (personal injury protection).....						219,269	500,010	50,165	91,696	117,785	14,023	5,361
19.4 Other commercial auto liability.....	87,485	94,755		44,610	(3,960)							
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	30,949	34,959		12,953	8,188	4,673	1,249	9	(19)	7	4,958	1,897
22. Aircraft (all perils).....												
23. Fidelity.....	(67)	545		311		(509)	110				(11)	
24. Surety.....												
26. Burglary and theft.....	255	516		257		(101)	161		(3)	0	42	16
27. Boiler and machinery.....	307	307		230							50	19
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	238,847	288,258	0	123,470	49,128	251,865	526,692	53,533	94,633	123,136	38,282	40,298

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....600.

24.SC

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....	14,910	24,251		14,175	.696	(827)	2,658	0	(109)	32		803
5.2 Commercial multiple peril (liability portion).....	103	1,922		8		(214)	271		(16)	61		6
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	5,803	12,712		4,833	1,188	1,068	567	1	3	6		312
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	3,341	3,741		2,778								180
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....	2,031	2,031			3,007	3,061	765					109
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	(1,793)	9,375	3,617		44,313	(81,034)	547,419	167	(13,215)	53,611		6,219
17. Other liability.....	376	3,581		119		(2,593)	2,717		(390)	776		20
18. Products liability.....		152				(316)	1,903		242	371		
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.....	19,922	34,911		43,802		215,699	336,080	7,601	57,914	83,478		1,072
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	55,021	66,234		45,077	52,063	51,143	660		(8)	4		2,963
22. Aircraft (all perils).....												
23. Fidelity.....	10,349	9,157		8,619		(218)	697					557
24. Surety.....	431	653		232								23
26. Burglary and theft.....	3,214	3,207		2,638	1,390	1,626	919		(7)	2		173
27. Boiler and machinery.....	2,400	3,006		1,999								130
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	116,108	174,934	3,617	124,282	102,657	187,396	894,658	7,769	44,415	138,340	0	12,568

DETAILS OF WRITE-INS

3301.....												
3302.....												
3303.....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....250.

24.SD

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....	2,829	2,807		938	(90)	236		(9)	3			407
5.2 Commercial multiple peril (liability portion).....					(7)			(2)				
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	1,485	1,365		461	33,205	8,815	250,928	31	4,606	9,121		214
17. Other liability.....						(174)			(37)			
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.....	71	500		344		3,474	6,037		1,175	1,799		10
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	3,034	2,747		1,006		1	20		(0)	0		437
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....									(0)			
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	(30)	(30)	0	0	0	0	0	0
34. TOTALS (a).....	7,419	7,420	0	2,749	33,175	11,988	257,221	31	5,734	10,923	0	1,069

DETAILS OF WRITE-INS

3301. Warranty.....					(30)	(30)						
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	(30)	(30)	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

24. TN

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....	57,492	(4,974)		62,466	137,187	136,969	(218)		(3)	(3)		61
5.2 Commercial multiple peril (liability portion).....	73,172	51,933		21,239		6,179	9,679	10,725	12,420	2,710		78
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	24,031	8,880		15,151		(3)	(3)		(0)	(0)		26
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	15,477	6,180		9,297								16
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....					98,780	122,144	555,073	3,384	19,642	40,579		
17. Other liability.....	184	37		147								
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.....	186,637	55,435		131,202	5,269	(3,436)	(8,606)	72	(1,984)	(2,028)		199
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	541,595	208,794		332,801	47,661	65,347	17,687		94	94		578
22. Aircraft (all perils).....												
23. Fidelity.....	22,814	9,218		13,596		0	0					24
24. Surety.....												
26. Burglary and theft.....	10,593	4,025		6,568		(15)	(15)		(0)	(0)		11
27. Boiler and machinery.....	9,885	3,684		6,201								11
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	941,880	343,212	0	598,668	288,897	327,184	573,597	14,180	30,169	41,352	0	1,004

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. No applicable direct written premium.....												
3303.....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

24.TX

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF UTAH DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....		25										
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).....	21,817	51,474		3,735	2,598	(13,236)	4,977	1	(1,061)	61	195	819
5.2 Commercial multiple peril (liability portion).....	5,779	13,292		1,069		(7,837)	42,135	79,882	77,164	11,457	52	217
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	31,156	36,212			20,013	19,209	1,706	14	21	17	278	1,171
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....		81										
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....					(51)	(1,263)						
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	(47)	(47)				(4,815)	1,967		(633)	247	(0)	
17. Other liability.....	41,776	62,362		7,586		(1,970)	24,914		1,471	7,405	373	1,570
18. Products liability.....	3,254	4,831		661		(1,179)	3,860		524	881	29	122
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).....	1,164	3,101		105		(18,160)	1,438	58	117	383	10	44
19.4 Other commercial auto liability.....	39,342	94,500		2,203	(2,436)	6,259	34,980	29	1,070	8,282	352	1,479
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	17,957	44,821		577	7,781	12,695	5,435	(350)	(325)	29	160	675
22. Aircraft (all perils).....												
23. Fidelity.....	697	1,862				(329)	184				6	26
24. Surety.....	100	396		36							1	4
26. Burglary and theft.....	89	453				(37)	136		(2)	0	1	3
27. Boiler and machinery.....		875										
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	163,084	314,238	0	15,972	27,904	(10,663)	121,733	79,634	78,346	28,763	1,458	6,129

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$....404.

24. UT

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	267	267			141	141					94	6
2.1 Allied lines.....	162	97		80	28	28		1	1		21	4
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).....	152,874	136,611		59,122	19,651	3,921	8,942	7	(1,229)	118		3,844
5.2 Commercial multiple peril (liability portion).....	19,498	15,208		11,689		4,905	6,148		1,489	1,682		522
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	48,178	50,930		13,095	49,942	50,573	2,060	30	44	21		1,211
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	195,516	202,899	12,113	46,838	98,518	90,513	213,140	888	4,846	23,325		5,273
17. Other liability.....	81,922	82,231		20,454	16,000	46,935	48,335	56	12,090	16,427		2,189
18. Products liability.....	9,398	13,433		732		8,431	9,434		2,578	2,654		258
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.....	226,892	207,116		68,809	15,683	22,646	72,323	836	2,404	19,575		6,076
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	67,287	64,928		24,815	40,267	44,272	4,531	592	613	24		1,692
22. Aircraft (all perils).....												
23. Fidelity.....	1,400	1,717		428		37	96					35
24. Surety.....	1,220	761		751								31
26. Burglary and theft.....	1,633	1,513		608		59	438		(4)	1		41
27. Boiler and machinery.....	5,543	5,339		1,638								139
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	811,789	783,052	12,113	249,059	240,229	272,461	365,447	2,410	22,832	63,826	115	21,320

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....1,492.

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....		0										
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).....	18,889	17,775		13,015		(34)	1,250		(29)	16		1,028
5.2 Commercial multiple peril (liability portion).....	4,691	4,054		3,569		91	230		38	60		256
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	9,731	10,359		3,777	3,175	3,032	469	2	4	5		530
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	41,635	40,116		19,145	50,894	15,831	90,856	401	(8,066)	3,671		2,768
17. Other liability.....	5,347	5,648		2,757		(1,814)	2,481		(204)	732		291
18. Products liability.....	280	280		133		20	236		38	51		15
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.....	26,441	25,139		13,957	6,002	19,560	35,118	137	1,828	7,630		1,438
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	9,259	9,662		4,839	4,432	4,408	59		(0)	0		504
22. Aircraft (all perils).....												
23. Fidelity.....	244	244		60		(81)	24					13
24. Surety.....	150	69		87								8
26. Burglary and theft.....	411	431		237		(49)	130		(2)	0		22
27. Boiler and machinery.....	326	360		80								18
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	117,404	114,137	0	61,656	64,502	40,966	130,854	540	(6,392)	12,167	0	6,892

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$....404.

24.VT

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....	1,446	1,467		680								35
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).....	850,525	785,411		412,845	255,363	208,731	88,661	(1,485)	(6,925)	1,183		19,750
5.2 Commercial multiple peril (liability portion).....	192,953	185,891		89,248	23,002	16,373	41,217	13,147	11,507	9,578		4,477
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	184,219	179,807		74,244	74,065	94,733	27,560	44	289	276		4,282
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	25,621	22,046		17,375								594
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....												
17. Other liability.....	320,578	287,205		159,309		25,126	144,008	3,960	22,971	45,961		7,446
18. Products liability.....	26,915	24,445		9,971	7,773	8,999	21,191		3,370	4,600		629
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).....	6,924	6,796		4,594		(19,454)	15,464	110	1,775	3,543		160
19.4 Other commercial auto liability.....	1,570,447	1,366,143		777,214	594,974	743,175	1,733,644	437,940	473,649	472,498		36,451
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	556,307	496,589		283,296	335,027	399,469	95,925	23	308	508		12,916
22. Aircraft (all perils).....												
23. Fidelity.....	34,944	31,825		19,496		(4,812)	2,194					816
24. Surety.....	17,133	16,118		7,869								399
26. Burglary and theft.....	12,038	10,320		6,865		703	2,951		(24)	8		284
27. Boiler and machinery.....	17,536	14,913		9,762								408
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	3,817,586	3,428,977	0	1,872,767	1,290,205	1,473,043	2,172,817	453,739	506,920	538,155	0	88,645

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....9,150.

24.WA

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	408	408			363	363					179	10
2.1 Allied lines.....	117	2,528			84	84			3		53	
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....	399	399			342	398	80	1	11	14	175	10
5.1 Commercial multiple peril (non-liability portion).....	663,590	644,999		282,112	244,277	(60,333)	58,974	2,018	(9,979)	771		14,075
5.2 Commercial multiple peril (liability portion).....	86,639	88,630		33,075	6,967	19,884	184,111	64,703	67,212	50,934		1,836
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	371,665	352,635		143,471	109,109	15,661	23,827	1,174	896	238		7,882
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....	566	566										10
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....	1,171,835	1,170,185	147,411	441,803	757,817	778,897	2,161,709	17,275	24,518	205,792		31,520
17. Other liability.....	480,071	481,844		197,072	10,488	(78,665)	167,738	11,583	159	50,196		10,178
18. Products liability.....	6,009	8,181		6,110	9,329	16,939	20,722		3,950	4,757		127
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.....	1,038,538	1,053,371		448,909	1,190,675	1,228,324	1,299,212	101,725	104,242	350,078		22,026
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	716,044	671,552		307,103	486,955	572,645	125,443	398	781	665		15,188
22. Aircraft (all perils).....												
23. Fidelity.....	47,579	46,029		22,656	39,324	31,224	3,620					1,006
24. Surety.....	3,927	3,842		2,150								88
26. Burglary and theft.....	7,325	7,293		2,849		174	2,116		(21)	6		156
27. Boiler and machinery.....	10,446	11,977		3,314								225
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	4,605,159	4,544,439	147,411	1,890,624	2,855,730	2,525,594	4,047,554	198,880	191,771	663,451	407	104,337

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....8,959.

24-WI

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....	27,495	12,413		15,511		239	723		(7)	10		1,573
5.2 Commercial multiple peril (liability portion).....	991	971		190		(23)	84		4	20		57
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....												
17. Other liability.....	13,880	6,050		7,846		963	1,555		354	484		794
18. Products liability.....	649	648		6		128	407		74	91		37
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.....	28,178	11,537		17,376	1,755	2,003	270	40	107	73		1,613
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	5,589	2,106		3,545		14	18		0	0		320
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....	396	182		215		27	51		(0)	0		23
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	77,178	33,907	0	44,689	1,755	3,349	3,108	40	531	678	0	4,416

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$....48.

24.WV

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....291 NAIC Company Code....13331

BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....	3,169	3,111		317		(49)	244		(7)	3		906
5.2 Commercial multiple peril (liability portion).....	105	105				(1)	8		0	2		30
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	539	539				5	23		0	0		154
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health.....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H.....												
15.2 Non-cancelable A & H.....												
15.3 Guaranteed renewable A & H.....												
15.4 Non-renewable for stated reasons only.....												
15.5 Other accident only.....												
15.6 All other A & H.....												
15.7 Federal employees health benefits program premium.....												
16. Workers' compensation.....												
17. Other liability.....	266	266				(29)	97		1	29		76
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.....	6,413	6,430		959		128	202		34	54		1,833
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....	375	376		28		(20)	11		(0)	0		107
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....	100	67		33								29
26. Burglary and theft.....	268	265		37		(16)	77		(1)	0		77
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	11,235	11,159	0	1,374	0	19	661	0	28	89	0	3,212

DETAILS OF WRITE-INS

3301. Warranty.....												
3302. ....												
3303. ....												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.....0.

24.WY

**SCHEDULE A - VERIFICATION BETWEEN YEARS**

1. Book/adjusted carrying value, December 31, prior year (prior year statement).....	_____
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 10.....	_____
2.2 Totals, Part 3, Column 7.....	_____
3. Cost of acquired (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)).....	_____
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 13.....	_____
4.2 Totals, Part 3, Column 9.....	_____
5. Total profit (loss) on sales, Part 3, Column 14.....	_____
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 11.....	_____
6.2 Totals, Part 3, Column 8.....	_____
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 12.....	_____
8. Book/adjusted carrying value at end of current period.....	0
9. Total valuation allowance.....	_____
10. Subtotal (Lines 8 plus 9).....	0
11. Total nonadmitted amounts.....	_____
12. Statement value, current period (Page 2, real estate lines, current period).....	0

**NONE**

**SCHEDULE B - VERIFICATION BETWEEN YEARS**

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year.....	_____
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions.....	_____
2.2 Additional investment made after acquisitions.....	0
3. Accrual of discount and mortgage interest points and commitment fees.....	_____
4. Increase (decrease) by adjustment.....	_____
5. Total profit (loss) on sale.....	_____
6. Amounts paid on account or in full during the year.....	_____
7. Amortization of premium.....	_____
8. Increase (decrease) by foreign exchange adjustment.....	_____
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period.....	0
10. Total valuation allowance.....	_____
11. Subtotal (Lines 9 plus 10).....	0
12. Total nonadmitted amounts.....	_____
13. Statement value of mortgages owned at end of current period.....	0

**NONE**

**SCHEDULE BA - VERIFICATION BETWEEN YEARS**

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year.....	_____
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions.....	_____
2.2 Additional investment made after acquisitions.....	0
3. Accrual of discount.....	_____
4. Increase (decrease) by adjustment.....	_____
5. Total profit (loss) on sale.....	_____
6. Amounts paid on account or in full during the year.....	_____
7. Amortization of premium.....	_____
8. Increase (decrease) by foreign exchange adjustment.....	_____
9. Book/adjusted carrying value of long-term invested assets at end of current period.....	0
10. Total valuation allowance.....	_____
11. Subtotal (Lines 9 plus 10).....	0
12. Total nonadmitted amounts.....	_____
13. Statement value of long-term invested assets at end of current period.....	0

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

**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 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Class 1.....	7,651,653	40,710,763	8,226,333	2,158,494	5,043,058	63,790,301	52.7	25,553,262	20.4	63,790,302	
1.2 Class 2.....						0	0.0				
1.3 Class 3.....						0	0.0				
1.4 Class 4.....						0	0.0				
1.5 Class 5.....						0	0.0				
1.6 Class 6.....						0	0.0				
1.7 Totals.....	7,651,653	40,710,763	8,226,333	2,158,494	5,043,058	63,790,301	52.7	25,553,262	20.4	63,790,302	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Class 1.....						0	0.0				
2.2 Class 2.....						0	0.0				
2.3 Class 3.....						0	0.0				
2.4 Class 4.....						0	0.0				
2.5 Class 5.....						0	0.0				
2.6 Class 6.....						0	0.0				
2.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>3. States, Territories and Possessions, etc., Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Class 1.....			12,471,541	1,530,569		14,002,110	11.6	11,456,327	9.1	14,002,110	
3.2 Class 2.....						0	0.0				
3.3 Class 3.....						0	0.0				
3.4 Class 4.....						0	0.0				
3.5 Class 5.....						0	0.0				
3.6 Class 6.....						0	0.0				
3.7 Totals.....	0	0	12,471,541	1,530,569	0	14,002,110	11.6	11,456,327	9.1	14,002,110	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Class 1.....						0	0.0				
4.2 Class 2.....						0	0.0				
4.3 Class 3.....						0	0.0				
4.4 Class 4.....						0	0.0				
4.5 Class 5.....						0	0.0				
4.6 Class 6.....						0	0.0				
4.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>5. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Class 1.....					2,559,156	2,559,156	2.1	2,390,362	1.9	2,559,156	
5.2 Class 2.....						0	0.0				
5.3 Class 3.....						0	0.0				
5.4 Class 4.....						0	0.0				
5.5 Class 5.....						0	0.0				
5.6 Class 6.....						0	0.0				
5.7 Totals.....	0	0	0	0	2,559,156	2,559,156	2.1	2,390,362	1.9	2,559,156	0

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusting 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 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Class 1.....		4,189,114	522,122			4,711,236	3.9	16,660,900	13.3	4,711,237	
6.2 Class 2.....						0	0.0				
6.3 Class 3.....						0	0.0				
6.4 Class 4.....						0	0.0				
6.5 Class 5.....						0	0.0				
6.6 Class 6.....						0	0.0				
6.7 Totals.....	0	4,189,114	522,122	0	0	4,711,236	3.9	16,660,900	13.3	4,711,237	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Class 1.....		11,412,590	1,571,561	7,560,522	3,091,431	23,636,104	19.5	52,001,440	41.5	18,168,951	5,467,152
7.2 Class 2.....	45,751	1,227,159	384,051	4,934,604		6,591,565	5.4	15,188,588	12.1	6,591,565	
7.3 Class 3.....			1,472,180		3,850,450	5,322,630	4.4	1,826,115	1.5	5,322,630	
7.4 Class 4.....						0	0.0				
7.5 Class 5.....						0	0.0				
7.6 Class 6.....				517,960		517,960	0.4	331,411	0.3		517,960
7.7 Totals.....	45,751	12,639,749	3,427,792	13,013,086	6,941,881	36,068,259	29.8	69,347,554	55.3	30,083,146	5,985,112
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Class 1.....						0	0.0				
8.2 Class 2.....						0	0.0				
8.3 Class 3.....						0	0.0				
8.4 Class 4.....						0	0.0				
8.5 Class 5.....						0	0.0				
8.6 Class 6.....						0	0.0				
8.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>9. Parent, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Class 1.....						0	0.0				
9.2 Class 2.....						0	0.0				
9.3 Class 3.....						0	0.0				
9.4 Class 4.....						0	0.0				
9.5 Class 5.....						0	0.0				
9.6 Class 6.....						0	0.0				
9.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

**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 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>10. Total Bonds Current Year</b>											
10.1 Class 1.....	7,651,653	56,312,467	22,791,557	11,249,585	10,693,645	108,698,907	89.7	XXX	XXX	103,231,756	5,467,152
10.2 Class 2.....	45,751	1,227,159	384,051	4,934,604	0	6,591,565	5.4	XXX	XXX	6,591,565	0
10.3 Class 3.....	0	0	1,472,180	0	3,850,450	5,322,630	4.4	XXX	XXX	5,322,630	0
10.4 Class 4.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 Class 5.....	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.6 Class 6.....	0	0	0	517,960	0	(c) 517,960	0.4	XXX	XXX	0	517,960
10.7 Totals.....	7,697,404	57,539,626	24,647,788	16,702,149	14,544,095	(b) 121,131,062	100.0	XXX	XXX	115,145,951	5,985,112
10.8 Line 10.7 as a % of Col. 6.....	6.4	47.5	20.3	13.8	12.0	100.0	XXX	XXX	XXX	95.1	4.9
<b>11. Total Bonds Prior Year</b>											
11.1 Class 1.....	5,650,561	18,910,073	38,402,524	24,945,881	20,153,252	XXX	XXX	108,062,291	86.2	102,546,441	5,515,849
11.2 Class 2.....	2,233,567	4,352,757	3,587,757	5,014,507	0	XXX	XXX	15,188,588	12.1	15,188,587	0
11.3 Class 3.....	0	0	1,416,260	0	409,855	XXX	XXX	1,826,115	1.5	1,826,115	0
11.4 Class 4.....	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.5 Class 5.....	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
11.6 Class 6.....	0	0	0	331,411	0	XXX	XXX	(c) 331,411	0.3	0	331,411
11.7 Totals.....	7,884,128	23,262,830	43,406,541	30,291,799	20,563,107	XXX	XXX	(b) 125,408,405	100.0	119,561,143	5,847,260
11.8 Line 11.7 as a % of Col. 8.....	6.3	18.5	34.6	24.2	16.4	XXX	XXX	100.0	XXX	95.3	4.7
<b>12. Total Publicly Traded Bonds</b>											
12.1 Class 1.....	7,651,653	50,845,315	22,791,557	11,249,585	10,693,645	103,231,755	85.2	102,546,441	81.8	103,231,755	XXX
12.2 Class 2.....	45,751	1,227,159	384,051	4,934,604	0	6,591,565	5.4	15,188,587	12.1	6,591,565	XXX
12.3 Class 3.....	0	0	1,472,180	0	3,850,450	5,322,630	4.4	1,826,115	1.5	5,322,630	XXX
12.4 Class 4.....	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.5 Class 5.....	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 Class 6.....	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals.....	7,697,404	52,072,474	24,647,788	16,184,189	14,544,095	115,145,950	95.1	119,561,143	95.3	115,145,950	XXX
12.8 Line 12.7 as a % of Col. 6.....	6.7	45.2	21.4	14.1	12.6	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10.....	6.4	43.0	20.3	13.4	12.0	95.1	XXX	XXX	XXX	95.1	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Class 1.....	0	5,467,152	0	0	0	5,467,152	4.5	5,515,849	4.4	XXX	5,467,152
13.2 Class 2.....	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.3 Class 3.....	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Class 4.....	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.5 Class 5.....	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Class 6.....	0	0	0	517,960	0	517,960	0.4	331,411	0.3	XXX	517,960
13.7 Totals.....	0	5,467,152	0	517,960	0	5,985,112	4.9	5,847,260	4.7	XXX	5,985,112
13.8 Line 13.7 as a % of Col. 6.....	0.0	91.3	0.0	8.7	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10.....	0.0	4.5	0.0	0.4	0.0	4.9	XXX	XXX	XXX	XXX	4.9

(a) Includes \$.....5,467,152 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z\* designation. 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 are under regulatory review.

(c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5\* designations and \$.....0 current year, \$.....0 prior year of bonds with 6\* designation. "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.

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

**SCHEDULE D - PART 1A - SECTION 2**

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusting 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 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Issuer Obligations.....	7,111,107	39,821,535	7,569,819			54,502,461	45.0	14,109,374	11.3	54,502,460	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities.....	540,546	889,229	656,514	2,158,494	5,043,058	9,287,841	7.7	11,443,888	9.1	9,287,842	
1.7 Totals.....	7,651,653	40,710,764	8,226,333	2,158,494	5,043,058	63,790,302	52.7	25,553,262	20.4	63,790,302	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Issuer Obligations.....						0	0.0				
2.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined.....						0	0.0				
2.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
2.5 Defined.....						0	0.0				
2.6 Other.....						0	0.0				
2.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>3. States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Issuer Obligations.....			12,471,541	1,530,569		14,002,110	11.6	11,456,327	9.1	14,002,110	
3.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined.....						0	0.0				
3.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
3.5 Defined.....						0	0.0				
3.6 Other.....						0	0.0				
3.7 Totals.....	0	0	12,471,541	1,530,569	0	14,002,110	11.6	11,456,327	9.1	14,002,110	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Issuer Obligations.....						0	0.0				
4.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined.....						0	0.0				
4.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
4.5 Defined.....						0	0.0				
4.6 Other.....						0	0.0				
4.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>5. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Issuer Obligations.....					2,559,156	2,559,156	2.1	2,390,362	1.9	2,559,156	
5.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined.....						0	0.0				
5.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
5.5 Defined.....						0	0.0				
5.6 Other.....						0	0.0				
5.7 Totals.....	0	0	0	0	2,559,156	2,559,156	2.1	2,390,362	1.9	2,559,156	0

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

**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 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Issuer Obligations.....		4,189,114	522,122			4,711,236	3.9	16,660,900	13.3	4,711,237	
6.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined.....						0	0.0				
6.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
6.5 Defined.....						0	0.0				
6.6 Other.....						0	0.0				
6.7 Totals.....	0	4,189,114	522,122	0	0	4,711,236	3.9	16,660,900	13.3	4,711,237	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Issuer Obligations.....		12,419,229	3,043,741	12,761,412	6,941,881	35,166,263	29.0	68,398,204	54.5	29,181,151	5,985,112
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....	45,751	220,520	384,051	251,674		901,996	0.7	949,349	0.8	901,996	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined.....						0	0.0				
7.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
7.5 Defined.....						0	0.0				
7.6 Other.....						0	0.0				
7.7 Totals.....	45,751	12,639,749	3,427,792	13,013,086	6,941,881	36,068,259	29.8	69,347,553	55.3	30,083,147	5,985,112
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Issuer Obligations.....						0	0.0				
8.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>9. Parent, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Issuer Obligations.....						0	0.0				
9.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined.....						0	0.0				
9.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
9.5 Defined.....						0	0.0				
9.6 Other.....						0	0.0				
9.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

**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 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>10. Total Bonds Current Year</b>											
10.1 Issuer Obligations.....	7,111,107	56,429,878	23,607,223	14,291,981	9,501,037	110,941,226	91.6	XXX	XXX	104,956,114	5,985,112
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....	586,297	1,109,749	1,040,565	2,410,168	5,043,058	10,189,837	8.4	XXX	XXX	10,189,838	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
10.5 Defined.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals.....	7,697,404	57,539,627	24,647,788	16,702,149	14,544,095	121,131,063	100.0	XXX	XXX	115,145,952	5,985,112
10.8 Line 10.7 as a % of Col. 6.....	6.4	47.5	20.3	13.8	12.0	100.0	XXX	XXX	XXX	95.1	4.9
<b>11. Total Bonds Prior Year</b>											
11.1 Issuer Obligations.....	7,689,123	22,537,016	42,283,785	27,177,654	13,327,589	XXX	XXX	113,015,167	90.1	107,167,907	5,847,260
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....	195,004	725,814	1,122,756	3,114,145	7,235,518	XXX	XXX	12,393,237	9.9	12,393,237	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined.....						XXX	XXX	0	0.0		
11.4 Other.....						XXX	XXX	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
11.5 Defined.....						XXX	XXX	0	0.0		
11.6 Other.....						XXX	XXX	0	0.0		
11.7 Totals.....	7,884,127	23,262,830	43,406,541	30,291,799	20,563,107	XXX	XXX	125,408,404	100.0	119,561,144	5,847,260
11.8 Line 11.7 as a % of Col. 8.....	6.3	18.5	34.6	24.2	16.4	XXX	XXX	100.0	XXX	95.3	4.7
<b>12. Total Publicly Traded Bonds</b>											
12.1 Issuer Obligations.....	7,111,107	50,962,726	23,607,223	13,774,021	9,501,037	104,956,114	86.6	107,167,907	85.5	104,956,114	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....	586,297	1,109,749	1,040,565	2,410,168	5,043,058	10,189,837	8.4	12,393,237	9.9	10,189,837	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined.....						0	0.0	0	0.0	0	XXX
12.4 Other.....						0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
12.5 Defined.....						0	0.0	0	0.0	0	XXX
12.6 Other.....						0	0.0	0	0.0	0	XXX
12.7 Totals.....	7,697,404	52,072,475	24,647,788	16,184,189	14,544,095	115,145,951	95.1	119,561,144	95.3	115,145,951	XXX
12.8 Line 12.7 as a % of Col. 6.....	6.7	45.2	21.4	14.1	12.6	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10.....	6.4	43.0	20.3	13.4	12.0	95.1	XXX	XXX	XXX	95.1	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Issuer Obligations.....		5,467,152		517,960		5,985,112	4.9	5,847,260	4.7	XXX	5,985,112
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined.....						0	0.0	0	0.0	XXX	0
13.4 Other.....						0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
13.5 Defined.....						0	0.0	0	0.0	XXX	0
13.6 Other.....						0	0.0	0	0.0	XXX	0
13.7 Totals.....	0	5,467,152	0	517,960	0	5,985,112	4.9	5,847,260	4.7	XXX	5,985,112
13.8 Line 13.7 as a % of Col. 6.....	0.0	91.3	0.0	8.7	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10.....	0.0	4.5	0.0	0.4	0.0	4.9	XXX	XXX	XXX	XXX	4.9

**Sch. DA-Pt. 2  
NONE**

**Sch. DB-Pt. A-Verification Between Years  
NONE**

**Sch. DB-Pt. B-Verification Between Years  
NONE**

**Sch. DB-Pt. C-Verification Between Years  
NONE**

**Sch. DB-Pt. D-Verification Between Years  
NONE**

**Sch. DB-Pt. E-Verification  
NONE**

**Sch. DB-Pt. F-Sn. 1  
NONE**

**Sch. DB-Pt. F-Sn. 2  
NONE**

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

SCHEDULE F-PART 1

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held by or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE							
<b>Affiliated - U. S. Intercompany Pooling:</b>													
31-4259550	14621	Motorists Mutual Insurance Company	Columbus, OH	86,507	4,926	28,516	33,442	1,140	7,081	33,887	(201)		
0199999	Affiliated - U. S. Intercompany Pooling												
0499999	Total Affiliates												
				86,507	4,926	28,516	33,442	1,140	7,081	33,887	(201)	0	0
<b>Other U. S. Unaffiliated Insurers:</b>													
36-0719665	19232	Allstate Insurance Company	Northbrook, IL	(0)		11	11						
41-0299900	13331	American Hardware Mutual Insurance Co.	Columbus, OH				0						
13-5124990	19380	American Home Assurance Company	New York, NY			106	106				(17)		
36-0727470	13358	American Mutual Reinsurance Company	Lisle, IL	0	38	348	386		0				
38-0829210	23396	Amerisure Mutual Insurance Co.	Farmington Hills, MI			0	0				3		
75-1670124	38318	Republic Insurance Company	Dallas, TX				0						
52-0261905	20524	Specialty Natl Ins Co.	New York, NY				0				(4)		
06-6105395	20710	Century Ind Co.	Philadelphia, PA			4	4						
23-2088429	40819	CIGNA Worldwide Insurance Company	Wilmington, DE			33	33				24		
94-1185344	10693	Civil Service Employees Insurance Co.	San Francisco, CA				0						
36-2114545	20443	Continental Casualty Company	Chicago, IL			171	171						
13-1941984	20923	Continental Reinsurance Corporation	Chicago, IL			14	14						
66-0257478	18163	Cooperativa De Seguros	San Juan, PR			1	1						
13-5459190	21113	Coregis/US Fire Ins. Co.	New York, N.Y.			1	1						
37-0807507	20990	Country Mutual Insurance Company	Bloomington, IL			60	60						
22-2464174	42471	Crum & Forster Insurance Co.	Morristown, NJ			2	2						
95-1613489	32794	Employee Benefits Insurance Co.	Farmington, CT			10	10						
39-0264050	21458	Employers Insurance of Wausau	Wausau, WI			24	24						
94-1610280	21873	Firemans Fund Insurance Company	Novato, CA			148	148						
04-2198460	21822	First State Insurance Co.	Boston, MA			399	399						
94-1032958	21040	Fremont Indemnity Company	Glendale, CA			6	6						
23-1471444	21962	General Accident Insurance Co.	Boston, MA			134	134						
13-5617450	11231	Generali - US Branch	New York, NY				0						
31-0501234	16691	Great American Insurance Company	Cincinnati, OH	0		39	39						
72-0932868	43621	Great Central Fire Insurance Company	Oakdale, LA			5	5						
23-2253669	42900	Harleysville Ins. Co. of NJ	Harleysville, PA				0				0		
02-0308052	22527	Home Insurance Company	New York, NY			10	10						
59-1027412	22578	Horace Mann Insurance Co.	Springfield, IL			0	0						
94-1032958	21040	Industrial Indemnity Insurance	San Francisco, CA			5	5						
75-6015738	21075	Industrial Underwriters Insurance Co.	Philadelphia, PA			0	0						
22-1626385	11584	Integrity Insurance Company	Paramus, NJ			0	0						
22-1964136	21083	International Insurance Company	Chicago, IL			1	1						
13-1916653	23493	Midland Ins Co.	New York, NY			129	129						
41-0417260	23574	Midwest Family Mutual Insurance	Minnnetonka, MN			0	0						
23-0902460	14729	Mutual Marine	New York, NY				0						
22-3137596	22937	National Consumer Insurance Company	Somerset, NJ			14	14						
13-1988169	34835	National Reinsurance Corp.	Stamford, CT			0	0						
31-4177100	23787	Nationwide Mutual Insurance Company	Columbus, OH				0						
06-1053492	41629	New England Re	Boston, MA			28	28						
23-1620930	12319	Philadelphia Reinsurance Corp.	Philadelphia, PA			41	41						
23-0580680	24457	Reliance Insurance Company	Philadelphia, PA			3	3						
75-1670124	38318	Republic Insurance Company	Dallas, TX				0						
66-0357766	36749	Royal & Sunallaince Ins. PR Inc.	San Juan, PR			2	2						
66-0357766	36749	Royal of Puerto Rico	Santurce, PR				0						
91-0341780	25763	Seaton Insurance Company	Seattle, WA	0		161	161						
75-1444207	30058	SCOR Reinsurance Company	New York, NY	(0)		24	24				43		

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ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

SCHEDULE F-PART 1

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held by or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE							
66-0437064	40568	Seguros Triple-S, Inc.	San Juan, PR.				0				2		
22-3590451	40045	Starnet Insurance Company	New York, NY			0	0						
94-1517098	25534	TIG Insurance Company	Los Angeles, CA			74	74						
13-2918573	42439	Toa Rein. Of America	Wilmington, DE			0	0						
13-6108722	12904	Tokio Marine and Fire Insurance Co.	New York, NY			0	0						
13-5616275	19453	Transatlantic Reinsurance Company	New York, NY			127	127				6		
06-6033504	19038	Travelers Casualty & Surety Company	Hartford, CT			8	8				13		
06-0566050	25658	Travelers Indemnity Company	Hartford, CT			273	273						
13-5124990	19380	U.S.A.I.G.	N.Y., N.Y.			14	14						
93-0788553	40541	United Employers	Portland, OR			0	0						
23-1581485	13064	United National Insurance Co.	Bala Cynwyd, PA			0	0						
74-0959140	25941	United Services Auto Association	San Antonio, TX			0	0						
03-0164650	26018	Vermont Mutual Ins. Co.	Montpelier, VT			0	0						
95-1651549	13269	Zenith Ins Co.	Woodland Hills, CA			68	68						
0599999		Other U. S. Unaffiliated Insurers		0	38	2,498	2,536	0	0	0	70	0	0

Pools and Associations - Mandatory Pools:

AA-9991300		Alabama Beach Plan	Foley, AL				0		0				
AA-9991100		Alabama Comm Auto Ins Procedure	Johnston, RI		1	1	2						
AA-9991102		Arizona Comm Auto Ins Procedure	Johnston, RI	1	0	0	0		0	0			
AA-9991103		Arkansas Comm Auto Ins Procedure	Johnston, RI		0	0	0		(0)				
AA-9991105		California Comm Auto Ins Procedure	Johnston, RI	98	9	39	48		29	47			
AA-9991107		Colorado Comm Auto Ins Procedure	Johnston, RI	5		2	2			2			
AA-9991161		Commonwealth Auto Reinsurers	Boston, MA	554		182	182			230			
AA-9991108		Connecticut Comm Auto Ins Procedure	Johnston, RI	5	3	6	9		4	3			
AA-9991202		Connecticut Fair Plan	East Hartford, CT	0		0	0		(0)				
AA-9991110		Delaware Comm Auto Ins Procedure	Johnston, RI	2	1	1	1		1	1			
AA-9991203		Delaware Fair Plan	Philadelphia, PA	0		0	0		0				
AA-9991204		District of Columbia Fair Plan	Washington, D.C.			0	0		0				
AA-9991112		Georgia Comm Auto Ins Procedure	Johnston, RI	0	0	0	0						
AA-9991114		Idaho Comm Auto Ins Procedure	Johnston, RI	1	(0)	0	0		1	1			
AA-9991115		Illinois Comm Auto Ins Procedure	Johnston, RI	2	0	2	3		2	1			
AA-9991117		Indiana Comm Auto Ins Procedure	Johnston, RI	0	1	0	1		1	0			
AA-9991207		Indiana Fair Plan	Indianapolis, IN			0	0		0				
AA-9991118		Iowa Comm Auto Ins Procedure	Johnston, RI	0	0	0	0		0	0			
AA-9991208		Iowa Fair Plan	Des Moines, IA			0	0		0				
AA-9991119		Kansas Comm Auto Ins Procedure	Johnston, RI	0	0	0	0		0	0			
AA-9991120		Kentucky Comm Auto Ins Procedure	Johnston, RI	8	0	2	2		2	4			
AA-9991121		Louisiana Comm Auto Ins Procedure	Johnston, RI		0	0	0						
AA-9991122		Maine Comm Auto Ins Procedure	Johnston, RI	(0)	0	0	0		0				
AA-9991212		Maryland Fair Plan	Baltimore, MD	0		0	0		0				
AA-9991125		Minnesota Comm Auto Ins Procedure	Johnston, RI	3	0	1	1		1	2			
AA-9991127		Mississippi Comm Auto Ins Procedure	Johnston, RI		0	0	0		0				
AA-9991129		Montana Comm Auto Ins Procedure	Johnston, RI	(0)	0	0	0		1	0			
AA-9992118		National Workers Compensation Reins Pool	Boca Raton, FL	329	3	5,049	5,051		7	94			
AA-9991130		Nebraska Comm Auto Ins Procedure	Johnston, RI	0	0	0	0		0	0			
AA-9991131		Nevada Comm Auto Ins Procedure	Johnston, RI	21		4	4			4			
AA-9991133		New Hampshire Comm Auto Ins Procedure	Johnston, RI	19	2	10	11		5	10			
AA-9991132		New Hampshire Auto Reins Facility	Johnston, RI	0	0	0	0		0				
AA-9991134		New Jersey Comm Auto Ins Procedure	Johnston, RI	41	7	35	42		14	21			
AA-9991218		New Jersey Fair Plan	Newark, NJ	3		0	0		(2)				

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ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

SCHEDULE F-PART 1

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held by or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE							
AA-9991136		New Mexico Comm Auto Ins Procedure	Johnston, RI	0	0	0	0		0	0			
AA-9991137		New York Special Risk	Johnston, RI	29		20	20			13			
AA-9991221		North Carolina Fair Plan	Raleigh, NC				0						
AA-9991304		North Carolina Beach Plan	Raleigh, NC				0						
AA-9991139		North Carolina Reinsurance Facility	Raleigh, NC	0	0	0	1		1	0			
AA-9991140		North Dakota Comm Auto Ins Procedure	Johnston, RI	2	0	0	0		0	1			
AA-9991141		Ohio Comm Auto Ins Procedure	Johnston, RI	0	1	0	1		2	0			
AA-9991222		Ohio Fair Plan	Columbus, OH	4			0		(3)				
AA-9991142		Oklahoma Comm Auto Ins Procedure	Johnston, RI		0		0		0				
AA-9991143		Oregon Comm Auto Ins Procedure	Johnston, RI	(0)	0	0	0		1	2			
AA-9991223		Oregon Fair Plan	Beaverton, OR				0		1				
AA-9991144		Pennsylvania Comm Auto Ins Procedure	Johnston, RI		(0)		(0)						
AA-9991164		Pennsylvania Pooled CAP	Johnston, RI	1	(2)		(2)		0				
AA-9991146		Rhode Island Comm Auto Ins Procedure	Johnston, RI	0	0	0	0			0			
AA-9991225		Rhode Island Fair Plan	Boston, MA				0		(0)				
AA-9991305		South Carolina Beach Plan	Columbia, SC	0			0		(0)				
AA-9991147		South Carolina Comm Auto Ins Procedure	Johnston, RI	0	1	0	1		2	0			
AA-9991148		South Carolina Reinsurance Facility	Johnston, RI	(0)		1	1						
AA-9991149		South Dakota Comm Auto Ins Procedure	Johnston, RI	2	0	0	0			1			
AA-9991150		Tennessee Comm Auto Ins Procedure	Johnston, RI	0	0		0		1	0			
AA-9991151		Utah Comm Auto Ins Procedure	Johnston, RI	1		0	0			0			
AA-9991152		Vermont Comm Auto Ins Procedure	Johnston, RI	2	0	0	1		1	1			
AA-9991153		Virginia Comm Auto Ins Procedure	Johnston, RI	3	1	2	2		1	2			
AA-9991154		Washington Comm Auto Ins Procedure	Johnston, RI	1	0	2	2		1	1			
AA-9991227		Washington Fair Plan	Seattle, WA				0		1				
AA-9991228		West Virginia Fair Plan	Philadelphia, PA	0			0		0				
AA-9991156		West Virginia Comm Auto Ins Procedure	Johnston, RI	0	0	0	0		0	0			
AA-9992090		Wisconsin Special Risk Distribution	Johnston, RI	8	1	2	2		2	4			
AA-9991158		Wyoming Comm Auto Ins Procedure	Johnston, RI	0	0	0	0		0	0			
0699999		Pools and Associations - Mandatory Pools		1,147	32	5,361	5,393	0	77	444	0	0	0
<b>Pools and Associations - Voluntary Pools:</b>													
AA-9995027		IR M - Improved Risk Mutuals	White Plains, NY	(2)		1	1						
0799999		Pools and Associations - Voluntary Pools		(2)	0	1	1	0	0	0	0	0	0
0899999		Total Pools and Associations		1,145	32	5,361	5,394	0	77	444	0	0	0
<b>Other Non-U. S. Insurers:</b>													
AA-1560110		Canadian General	Canada	(6)			0						
AA-1560192		Chancellor Reins Co Of Canada	Canada			18	18				1		
AA-1120355		Cna Reins Co Ltd	London			3	3						
AA-1560210		Commonwealth Insurance Company	Canada			1	1				4		
AA-1120440		Copenhagen Re Co LTD	U.K.			0	0						
AA-1560310		Elite Insurance Company	Canada			0	0						
AA-1120545		English and American	U.K.			0	0				0		
AA-1340115		Hamburger Int'l Rueck	Germany			2	2				1		
AA-1720013		Industrial Ins Co LTD	Finland			0	0						
AA-1780035		Insurance Corp of Ireland	Ireland			0	0				1		
AA-1320309		La Union Et Le Phenix Espagnol	France			5	5						
AA-3190413		Lumbermens Ins Co Ltd	Bermuda		0	33	33				(0)		
AA-5660050		Mercantile Insurance Company Inc	Philippines			1	1						
AA-5361110		New Zealand Insurance Company	New Zealand			0	0						
AA-1320265		PartnerRe SA	France			32	32						

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ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

**SCHEDULE F-PART 1**

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held by or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE							
AA-1320275...	.....	SCOR Societe Commerciale De Reassurance.....	France.....	.....	.....	.....249	.....249	.....	.....	.....	.....170	.....	.....
AA-1320295...	.....	Sorema Ste De Reass Des Ass Mut.....	Paris, France.....	.....	.....	.....2	.....2	.....	.....	.....	.....	.....	.....
AA-1580095...	.....	Toa Fire and Marine Reins. Co. LTD.....	Japan.....	.....	.....	.....5	.....5	.....	.....	.....	.....	.....	.....
AA-1560810...	.....	Toronto General.....	Canada.....	.....	.....	.....1	.....1	.....	.....	.....	.....	.....	.....
0999999	Other Non-U. S. Insurers.....			.....(6)	.....0	.....352	.....353	.....0	.....0	.....0	.....177	.....0	.....0
9999999	Totals.....			.....87,646	.....4,997	.....36,727	.....41,724	.....1,140	.....7,158	.....34,330	.....47	.....0	.....0

**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
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**NONE**

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

SCHEDULE F - PART 3

Ceded 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 Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable on										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Col. 15-[16+17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
<b>Authorized</b>																			
<b>Affiliates-U.S. Intercompany Pooling</b>																			
31-4259550	14621	Motorists Mutual Insurance Company	Columbus, OH		68,353	2,582		42,328		30,730	18,292	33,006	62	127,000	4,103		122,897	(1,023)	
0199999	Total Authorized Affiliates - U.S. Intercompany Pooling				68,353	2,582	0	42,328	0	30,730	18,292	33,006	62	127,000	4,103	0	122,897	(1,023)	
0499999	Total Authorized Affiliates				68,353	2,582	0	42,328	0	30,730	18,292	33,006	62	127,000	4,103	0	122,897	(1,023)	
<b>Other U.S. Unaffiliated Insurers</b>																			
36-0719665	19232	Allstate Insurance Company	Northbrook, IL			1	1	20	0					22			22		
36-2661954	10103	American Agricultural Insurance Company	Park Ridge, IL		11	2		5						7	1		6		
31-0973761	37990	American Empire Insurance Co.	Cincinnati, OH		7							3		3			3		
41-0299900	13331	American Hardware Mutual Insurance Co.	Columbus, OH		(0)	23		24		84				132	0		131	4	
36-0727470	13358	American Mutual Reinsurance Co.	Lisle, IL			1,085	20	1,019						2,124			2,124		
74-0484030	60739	American National Insurance Co.	Galveston, TX		46									0	2		(2)		
13-4924125	10227	American Re-Insurance Company	Princeton, NJ		866					264		41		305	110		195		
35-0145400	19704	American States Insurance Company	Seattle, WA			7	1	1,113	7					1,128	5		1,123		
38-0829210	23396	Amerisure Mutual Insurance Co.	Farmington Hills, MI		(0)	1		31		80				112	0		112	(0)	
06-1430254	10348	Arch Reinsurance Company	Greenwich, CT		38									0			0		
13-4934590	19895	Atlantic Mutual Insurance Company	New York, NY											0			0		
36-2994662	36552	AXA Corporate Solutions Reinsurance Co.	New York, NY		231	3		41		148		72		264	71		193		
36-6033921	38245	BCS Insurance Company	Chicago, IL			0								0			0		
47-0574325	32603	Berkley Insurance Company	Florham Park, NJ		808	69	41	742	7	1,142		13		2,014	425		1,589		
23-1502700	21970	CGU Insurance Company	Philadelphia, PA					2	0					2			2		
41-1353943	36870	Chartwell Insurance Company	Stamford, CT			3	2	89	2					95			95		
36-3347420	23876	Chatham Reinsurance Corporation	Chatham, NJ			(0)	(0)	4	0					4			4		
04-2475442	20621	Commercial Union Insurance Company	Boston, MA			4	2	31	0					38			38		
06-0303520	24872	Connecticut Indemnity Company	Farmington, CT			0	0	14	0					15			15		
36-2114545	20443	Continental Casualty Company	Chicago, IL		4	(10)	1	76	1					69	204		(135)		
04-2680300	37907	Deerbrook Insurance Company	Northbrook, IL			0	0							0			0		
38-2145898	33499	Dorinco Reinsurance Company	Midland, MI			1	1	72	0					74	9		65		
42-0234980	21415	Employers Mutual Casualty Company	Des Moines, IA		17	0	0	9	0					10	0		10		
48-0921045	39845	Employers Reinsurance Corporation	Overland Park, KS		146							57		57			57		
25-6038677	26271	Erie Insurance Exchange	Erie, PA		3	0								0	(100)		100		
22-2005057	26921	Everest Reinsurance Company	Liberty Corner, NJ			148	8	3,149	28	4				3,338	482		2,855		
41-0417460	13935	Federated Mutual Insurance Company	Owatonna, MN		(0)	0		7		28				35	0		35	5	
13-2997499	38776	Folksamerica Reinsurance Company	New York, NY		340	34	21	450	8	537				1,051	294		757		
36-2667627	22969	G E Reinsurance Corp.	Lincolnshire, IL		62	2	14	797	11	665			2	1,490	638		852		
13-2673100	22039	General Reinsurance Corporation	Stamford, CT		246								96	96			96		
13-5617450	11231	Generali-US Branch	New York, NY					0						0	3		(3)		
13-6107326	11266	Gerling Global Rein Corp of US Branch	New York, NY		327			117				128		245			245		
31-0501234	16691	Great American Insurance Company	Cincinnati, OH			1	0	15	0					16			16		
13-6108721	26433	Harco National Insurance Company	Schaumburg, IL		696					238				238	99		139		
06-0383750	19682	Hartford Fire Insurance Company	Hartford, CT		66	89	58	837	4	1,266				2,253	568		1,685		
06-0384680	11452	Hartford Sm Boil Inspection & Insurance	Hartford, CT		384								150	150	(0)		151		
36-3030511	37257	Insurance Corporation of Hannover	Los Angeles, CA		(0)	1		8		27				36	1		35	5	
04-1543470	23043	Liberty Mutual Insurance Company	Boston, MA		10									0			0		
35-1495208	38822	Linsco Reinsurance Company	Fort Wayne, IN		(0)	(1)		24		97				120			120	2	
04-1614490	19798	Merrimack Mutual Fire Insurance Company	Andover, MA		(0)	(0)		49		180				228	1		227	13	
38-0828980	14508	Michigan Millers Mutual Ins Company	Lansing, MI		(0)			6		25				31			31	4	
36-1475332	20451	MidStates Reinsurance Corporation	Miamisburg, OH		(1)	2		417	0	1,415				1,834			1,834	1	
38-0855585	22012	Motors Insurance Corp.	Southfield, MI			1		14		23				38			38		
13-1290712	20583	NAC Reinsurance Corporation	Greenwich, CT			1	0	41	0					42			42		

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

SCHEDULE F - PART 3

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

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						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
02-0170490	14788	National Grange Mutual Insurance Company	Keene, NH		(0)	0		50		178					228		228	1	
06-1053492	41629	New England Reinsurance Corporation	Boston, MA			13	1	278	3						296		296	181	
22-2187459	35432	New Jersey Re-Insurance Company	West Trenton, NJ		5										0		0		
13-2781282	25070	Odyssey Reinsurance Corporation	Stamford, CT		20	2	1	96	2				8		109		109		
13-3531373	10006	PartnerRe Insurance Co. of NY	Greenwich, CT			1	0	13	0						14	0	14		
24-0686200	14982	Pen Millers Insurance Company	Wilkes-Barre, PA		(0)	(0)		3		10					12	0	12	2	
23-1642962	12262	Pennsylvania Manufacturers Asn Ins Co	Blue Bell, PA		312	12	6	485	7	566					1,077	114	963		
23-2153760	39675	PMA Capital Insurance Company	Philadelphia, PA		14										0	2	(2)		
05-0204450	24295	Providence Washington Insurance Company	Providence, RI			(0)	(0)	12							12		12		
22-2053189	32352	Prudential Property & Casualty Ins Co	Holmdel, NJ		(0)	1		118		407					526		526	2	
23-1641984	10219	QBE Reinsurance Corporation	New York, NY		24										0	15	(15)		
74-1280541	24384	Ranger Insurance Company	Houston, TX		(0)	0		53		221					275		275	1	
41-0451140	67105	Reliastar Life Insurance Company	Minneapolis, MN		23										0	1	(1)		
86-0274508	31089	Republic Western Insurance Company	Phoenix, AZ		(0)	0		117		372					489	(1)	489	15	
75-1444207	30058	Scor Reinsurance Company	New York, NY		19	(0)		5		15			7		27	(2)	29	2	
06-0529570	24902	Security Insurance Company of Harford	Farmington, CT			0	0	14	0						15		15		
34-1532771	15156	Shelby Insurance Company	Shelby, OH		(0)	11		51		176					238	0	238	2	
13-3029255	39322	Sorema North America Reins Company	New York, NY			0	0	22	1						23		23		
41-0406690	24767	St Paul Fire & Marine Insurance Company	St Paul, MN		14	2	1	60	0						64		64		
13-1675535	25364	Swiss Reinsurance America Corporation	Amonk, NY		9	1	1	37	0						39	0	38		
13-2918573	42439	Toa Reinsurance Company of America	Morristown, NJ			6	3	244	11						264		264		
13-6108722	12904	Tokio Marine & Fire Ins Company Ltd US Br	New York, NY					7	0						7		7		
13-5616275	19453	Transatlantic Reinsurance Company	New York, NY		60	1	0	34	0						35		35		
06-0566050	25658	Travelers Indemnity Company	Hartford, CT			(12)	(6)	112	7						100	3	97		
13-2953213	36048	Unione Italiana Rein Company of America	New York, NY					3	0						3		3		
76-0197261	29220	United Republic Insurance Company	Houston, TX			11	6	1							18		18		
02-0349547	38032	US International Rein Company	Manchester, NH			3	1								4		4		
04-1590940	11835	USF Re Insurance Company	Costa Mesa, CA					0							0		0		
39-0698170	15350	West Bend Mutual Insurance Company	West Bend, WI		(0)	(0)		3		10					12	0	12	2	
13-2554270	11126	Yasuda Fire & Marine Ins Co of America	New York, NY			0									0		0	0	
0599999		Total Authorized Other U.S. Unaffiliated Insurers			4,805	1,522	186	11,046	99	8,177	0	577	0	21,606	2,948	0	18,658	242	
<b>Pools-Mandatory Pools</b>																			
AA-9991161		Commonwealth Automobile Reinsurers	Boston, MA		352	82		47				138		266	126		140		
AA-9991310		Florida Hurricane Catastrophe Fund	Tampa, FL		3							1		1			1		
AA-9991502		Kentucky Mine Subsidence Fund	Frankfort, KY		1							0		0			0		
AA-9991423		Minnesota Workers Compensation	Minneapolis, MN		7	42		1,112				3		1,157			1,157		
0699999		Total Authorized Pools - Mandatory Pools			362	124	0	1,159	0	0	0	142	0	1,425	127	0	1,298	0	
<b>Pools-Voluntary Pools</b>																			
AA-9995022		Excess and Casualty Reins Assn (ECRA)	New York, NY			45	8	1,043	4					1,100			1,100	3	
AA-9995035		Mutual Reinsurance Bureau	Cherry Valley, IL		220	0				176				176	1		175		
0799999		Total Authorized Pools - Voluntary Pools			220	45	8	1,043	4	176	0	0	0	1,276	1	0	1,275	3	
<b>Other Non-U.S. Insurers</b>																			
AA-1340125		Hannover Ruckversicherungs Ag	Germany		266	4	2	274	1	417				699	70		629	3	
AA-1120002		Lloyd's Syndicate Number 0002	U.K.		3									0	0		(0)		
AA-1126205		Lloyd's Syndicate Number 0205	U.K.		12	0								0	4		(4)		
AA-1126227		Lloyd's Syndicate Number 0227	U.K.		0	0								0	0		(0)		
AA-1126376		Lloyd's Syndicate Number 0376	U.K.		0	0								0	0		(0)		
AA-1126506		Lloyd's Syndicate Number 0506	U.K.		0	0								0	0		(0)		
AA-1126510		Lloyd's Syndicate Number 0510	U.K.		1									0	0		(0)		

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SCHEDULE F - PART 3

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						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
AA-1126529		Lloyd's Syndicate Number 0529	U.K.		.0	.0									.0	.0		(0)	
AA-1126557		Lloyd's Syndicate Number 0557	U.K.		.0	.0									.0	.0		(0)	
AA-1126566		Lloyd's Syndicate Number 0566	U.K.		.14	.0									.0	.1		(1)	
AA-1126570		Lloyd's Syndicate Number 0570	U.K.		.13	.0									.0	.0		(0)	
AA-1126727		Lloyd's Syndicate Number 0727	U.K.		.8	.0									.0	.2		(2)	
AA-1126780		Lloyd's Syndicate Number 0780	U.K.		.22	.0									.0	.2		(2)	
AA-1126958		Lloyd's Syndicate Number 0958	U.K.		.12	.0									.0	.1		(1)	
AA-1126990		Lloyd's Syndicate Number 0990	U.K.		.1	.0									.0	.0		0	
AA-1126994		Lloyd's Syndicate Number 0994	U.K.		.4	.0									.0	.0		(0)	
AA-1127007		Lloyd's Syndicate Number 1007	U.K.		.11	.0									.0	.1		(1)	
AA-1127096		Lloyd's Syndicate Number 1096	U.K.		.12	.0									.0	.4		(4)	
AA-1127241		Lloyd's Syndicate Number 1241	U.K.		.5	.0									.0	.0		(0)	
AA-1127245		Lloyd's Syndicate Number 1245	U.K.		.5	.0									.0	.0		(0)	
AA-1127688		Lloyd's Syndicate Number 1688	U.K.		.0	.0									.0	.0		(0)	
AA-1128001		Lloyd's Syndicate Number 2001	U.K.		.22	.0									.0	.7		(7)	
AA-1128010		Lloyd's Syndicate Number 2010	U.K.		.22	.0									.0	.6		(6)	
AA-1128987		Lloyd's Syndicate Number 2987	U.K.		.18	.0									.0	.4		(4)	
0899999		Total Authorized Other Non-U.S. Insurers			.453	.4	.2	.274	.1	.417	.0	.0	.0	.699	.101	.0	.598	.3	
0999999		Total Authorized			.74,192	4,278	.196	55,850	.104	39,500	18,292	33,725	.62	152,006	7,280	.0	144,726	(776)	
<b>Unauthorized</b>																			
<b>Other U.S. Unaffiliated Insurers</b>																			
36-3536176	16284	Classic Fire & Marine Insurance Company	Chicago, IL		.1	.0	.2	.0						.3			.3		
13-2901685	35165	Corpa Reinsurance Company	Short Hills, NJ		.2	.1	.62	.1						.66			.66		
06-1008792	37818	Orion Insurance Company	Farmington, CT		.4	.0	.4							.4			.4		
13-6109222	12491	Rochdale Insurance Company	New York, NY		(0)	(0)								(0)			(0)		
43-1424791	26557	Shelter Reinsurance Company	Columbia, MO		.6	.0								.0			(0)		
13-2959091	36285	United Americas Insurance Company	New York, NY		(0)	(0)								(0)			(0)		
1499999		Total Unauthorized Other U.S. Unaffiliated Insurers			.6	.3	.1	.68	.1	.0	.0	.0	.0	.73	.0	.0	.73	.0	
<b>Pools-Voluntary Pools</b>																			
AA-9993212		IAT Syndicate Inc	New York, NY											.0			.0		
AA-9993214		J & H WF Syndicate B Inc	New York, NY											.0			.0		
AA-9993218		MML Syndicate Inc	New York, NY				.1							.1			.1		
AA-9993226		Spear Leeds & Kellogg Re Corporation	New York, NY											.0			.0		
1699999		Total Unauthorized Pools - Voluntary Pools			.0	.0	.0	.1	.0	.0	.0	.0	.0	.1	.0	.0	.1	.0	
<b>Other Non-U.S. Insurers</b>																			
AA-1320010		Abeille Reassurances	France		(0)	.0	.0	.55		188				243	.0		243	.4	
AA-1320015		AGF Reassurances SA	France		(0)	.0	.0	.47		163				210			210	.1	
AA-1240010		Assubel Accidents Et Dommages	Belgium		.0	.0	.0	.4		47				.51	.0		.51	.0	
AA-1320035		AXA Reassurances	Paris, France		(0)	.0	.0	.49		174				223			223	.37	
AA-1460030		Berne Allgemeine Vers	Switzerland		(0)	.0	.0	.29		100				129	.0		129	.74	
AA-1720007		Bothnia International Insurance Company	Finland		(0)	.1	.0	.73		259				334	.0		334	.2	
AA-3190045		Brittany Insurance Company Ltd	Bermuda		(0)	.10	.0	.26		98				134	.2		132	.4	
AA-1320052		Caisse Centrale De Reassurance	France		(0)	(0)	.0	.3		10				.12	.2		.10	.2	
AA-1320060		Caisse Mutuelle D'Assur Et De Prevoyance	France		.1	.0	.0	.3		.0				.4			.4		
AA-1580015		Dai-Tokyo Fire and Marine Insurance Co	Japan		(0)	.1	.0	106		373				480	.0		480	477	
AA-1340073		Deutsche Ruckversicherungs	Germany		(0)	.0	.0	.59		203				263			263	.1	
AA-1340085		Eisen und Stahl -Ruckversicher	Germany		(0)	.1	.0	106		372				478			478	.6	
AA-1460082		Elvia Versicherungen	Switzerland		(0)	.0	.0	.50		178				231	.0		231	.1	
AA-1280003		Employers Reinsurance International AS	Denmark		.3	.0	.0	.3		32				.34	.0		.34	.0	
AA-1340010		ERC Aachener Ruckversicherungs Gesellschaft	Germany		(0)	.7	.0	.29		100				136	.2		134	.3	

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

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						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
AA-1120643		ERC Frankona Reins LTD	U.K.		(0)	0		52		183				236			236	3	
AA-1580035		Fuji Fire & Marine Insurance Company	Japan		(0)	0		28		97				125	0		125	3	
AA-1460080		Helvetia Schweizerische	Switzerland		(0)	0		16		55				70	0		70	73	
AA-5760025		Insurance Corporation Of Singapore	Singapore			0		1		3				4	(0)		4	3	
AA-1360080		La Fondiaria Spa	Italy		(0)	7		24		81				112	0		112	22	
AA-3190654		Lasalle Re Ltd	Bermuda		26	0								0	1		(1)		
AA-1360156		Mill Ri Gruppo Riassicurativo	Italy		(0)	2		24		81				107	0		107	103	
AA-1960655		National Ins Co of New Zealand Ltd	New Zealand			1		3		32				35	0		35	0	
AA-1580060		Nippon Fire & Marine Insurance Company	Japan		(0)	0		43		146				190	0		190	116	
AA-1460100		Nouvelle Cie De Reassurancesre	Switzerland		(0)	0		37		130				167	0		167	1	
AA-1930680		NRMA Insurance Ltd	Australia		(0)	(0)		5		10				14	0		14	2	
AA-2731011		Patria Insurance Co	Switzerland			0		1		8				9	0		9	9	
AA-1780070		QBE Insurance and Rein Ltd	Ireland		(0)	(0)		3		9				12	1		11	1	
AA-1460115		Rhein Ruckversicherung Ag	Switzerland		(0)	0		31		109				140	0		140	4	
AA-1240170		Royale Belge SA	Belgium		(0)	0		73		263				336	0		336	1	
AA-1320275		SCOR Societe Commerciale De Reass	France		(0)	1		139		483				623	0		623	13	
AA-1320295		Sorema Ste De Reass Des Ass Mut Agri	France		(0)	0		6		19				25	0		25	25	
AA-1930900		State Gov Ins Office of W Australia	Australia		(0)	(0)		1		4				5	0		5	0	
AA-1960940		State Insurance Office	New Zealand		(0)	0		7		26				33	0		33	5	
AA-1121425		Terra Nova Insurance Company Ltd	U.K.		4	0								0	2		(2)		
AA-1460160		Union Suisse Coe Gem D'Assurance	Switzerland		(0)	0		55		190				245	0		245	5	
AA-1220070		Wiener Ruckversicherungs	Austria		(0)	(0)		0		1				2	0		2	2	
AA-1340250		Wurttembergische Und	Germany		(0)	15		156		539				709	0		709	13	
AA-3190541		X L Global Reinsurance Company Ltd	Bermuda		6	0								0	0		(0)		
1799999		Total Unauthorized Other Non-U.S. Insurers			31	53		1,344	0	4,766	0	0	0	6,163	11	0	6,152	1,016	
1899999		Total Unauthorized			37	56		1,412	1	4,766	0	0	0	6,237	11	0	6,226	1,016	
1999999		Total Authorized and Unauthorized			74,229	4,333		198	57,263	105	44,267	18,292	33,725	158,243	7,291	0	150,952	240	
9999999		Totals			74,229	4,333		198	57,263	105	44,267	18,292	33,725	158,243	7,291	0	150,952	240	

Note: 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 Company	2 Commission Rate	3 Ceded Premium
(1)		
(2)		
(3)		
(4)		
(5)		

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

SCHEDULE F - PART 4

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10 / Col. 11	13 Percentage more than 120 Days Overdue Col. 9 / Col. 11
				5 Current	Overdue				10 Total Overdue Cols. 6 + 7 + 8 + 9			
					6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days				
<b>Authorized Affiliates-U.S. Intercompany Pooling</b>												
31-4259550	14621	Motorists Mutual Insurance Company	Columbus, OH	2,582					0	2,582	0.0	0.0
0199999		Total Authorized - Affiliates - U.S. Intercompany Pooling		2,582	0	0	0	0	0	2,582	0.0	0.0
0499999		Total Authorized - Affiliates		2,582	0	0	0	0	0	2,582	0.0	0.0
<b>Other U.S. Unaffiliated Insurers</b>												
36-0719665	19232	Allstate Insurance Company	Northbrook, IL	2					0	2	0.0	0.0
36-2661954	10103	American Agricultural Insurance Company	Park Ridge, IL	0				2	2	2	83.5	83.5
31-0973761	37990	American Empire Insurance Co	Cincinnati, OH						0	0	0.0	0.0
41-0299900	13331	American Hardware Mutual Insurance Co	Columbus, OH	23					0	23	0.0	0.0
36-0727470	13358	American Mutual Reinsurance Co	Lisle, IL	1,105					0	1,105	0.0	0.0
74-0484030	60739	American National Insurance Co	Galveston, TX						0	0	0.0	0.0
13-4924125	10227	American Re-Insurance Company	Princeton, NJ						0	0	0.0	0.0
35-0145400	19704	American States Insurance Company	Seattle, WA	8					0	8	0.0	0.0
38-0829210	23396	Amerisure Mutual Insurance Co	Farmington Hills, MI	1					0	1	0.0	0.0
06-1430254	10348	Arch Reinsurance Company	Greenwich, CT						0	0	0.0	0.0
13-4934590	19895	Atlantic Mutual Insurance Company	New York, NY	(0)					0	(0)	0.0	0.0
36-2994662	36552	AXA Corporate Solutions Reinsurance Co	New York, NY	3				0	0	3	11.9	11.9
36-6033921	38245	BCS Insurance Company	Chicago, IL	0					0	0	0.0	0.0
47-0574325	32603	Berkley Insurance Company	Florham Park, NJ	111					0	111	0.0	0.0
23-1502700	21970	CGU Insurance Company	Philadelphia, PA						0	0	0.0	0.0
41-1353943	36870	Chartwell Insurance Company	Stamford, CT	5					0	5	0.0	0.0
36-3347420	23876	Chatham Reinsurance Corporation	Chatham, NJ	(0)					0	(0)	0.0	0.0
04-2475442	20621	Commercial Union Insurance Company	Boston, MA	2				4	4	6	65.1	65.1
06-0303520	24872	Connecticut Indemnity Company	Farmington, CT	1					0	1	0.0	0.0
36-2114545	20443	Continental Casualty Company	Chicago, IL	(8)					0	(8)	0.0	0.0
04-2680300	37907	Deerbrook Insurance Company	Northbrook, IL	0					0	0	0.0	0.0
38-2145898	33499	Dorinco Reinsurance Company	Midland, MI	2					0	2	0.0	0.0
42-0234980	21415	Employers Mutual Casualty Company	Des Moines, IA	1					0	1	0.0	0.0
48-0921045	39845	Employers Reinsurance Corporation	Overland Park, KS						0	0	0.0	0.0
25-6038677	26271	Erie Insurance Exchange	Erie, PA	0					0	0	0.0	0.0
22-2005057	26921	Everest Reinsurance Company	Liberty Corner, NJ	156					0	156	0.0	0.0
41-0417460	13935	Federated Mutual Insurance Company	Owatonna, MN	0					0	0	0.0	0.0
13-2997499	38776	Folksamerica Reinsurance Company	New York, NY	56					0	56	0.0	0.0
36-2667627	22969	G E Reinsurance Corp	Lincolnshire, IL	16					0	16	0.0	0.0
13-2673100	22039	General Reinsurance Corporation	Stamford, CT						0	0	0.0	0.0
13-5617450	11231	General-US Branch	New York, NY						0	0	0.0	0.0
13-6107326	11266	Gerling Global Rein Corp of US Branch	New York, NY						0	0	0.0	0.0
31-0501234	16691	Great American Insurance Company	Cincinnati, OH	1					0	1	0.0	0.0
13-6108721	26433	Harco National Insurance Company	Schaumburg, IL						0	0	0.0	0.0
06-0383750	19682	Hartford Fire Insurance Company	Hartford, CT	147					0	147	0.0	0.0
06-0384680	11452	Hartford Sm Boil Inspection & Insurance	Hartford, CT						0	0	0.0	0.0
36-3030511	37257	Insurance Corporation of Hannover	Los Angeles, CA	1					0	1	0.0	0.0
04-1543470	23043	Liberty Mutual Insurance Company	Boston, MA						0	0	0.0	0.0
35-1495208	38822	Linsco Reinsurance Company	Fort Wayne, IN	(1)					0	(1)	0.0	0.0
04-1614490	19798	Merrimack Mutual Fire Insurance Company	Andover, MA	(0)					0	(0)	0.0	0.0
38-0828980	14508	Michigan Millers Mutual Ins Company	Lansing, MI						0	0	0.0	0.0
36-1475332	20451	MidStates Reinsurance Corporation	Miamisburg, OH	2					0	2	0.0	0.0
38-0855585	22012	Motors Insurance Corp	Southfield, MI	1					0	1	0.0	0.0
13-1290712	20583	NAC Reinsurance Corporation	Greenwich, CT	1					0	1	0.0	0.0
02-0170490	14788	National Grange Mutual Insurance Company	Keene, NH	0					0	0	0.0	0.0

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

SCHEDULE F - PART 4

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12 Percentage Overdue Col. 10 / Col. 11	13 Percentage more than 120 Days Overdue Col. 9 / Col. 11	
				5 Current	Overdue				11 Total Due Cols. 5 + 10				
					6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days		10 Total Overdue Cols. 6 + 7 + 8 + 9			
06-1053492	41629	New England Reinsurance Corporation	Boston, MA	15						0	15	0.0	0.0
22-2187459	35432	New Jersey Re-Insurance Company	West Trenton, NJ							0	0	0.0	0.0
13-2781282	25070	Odyssey Reinsurance Corporation	Stamford, CT	3						0	3	0.0	0.0
13-3531373	10006	PartnerRe Insurance Co. of NY	Greenwich, CT	1						0	1	0.0	0.0
24-0686200	14982	Pen Millers Insurance Company	Wilkes-Barre, PA	(0)						0	(0)	0.0	0.0
23-1642962	12262	Pennsylvania Manufacturers Assn Ins Co	Blue Bell, PA	19						0	19	0.0	0.0
23-2153760	39675	PMA Capital Insurance Company	Philadelphia, PA							0	0	0.0	0.0
05-0204450	24295	Providence Washington Insurance Company	Providence, RI	(0)						0	(0)	0.0	0.0
22-2053189	32352	Prudential Property & Casualty Ins Co	Holmdel, NJ	1						0	1	0.0	0.0
23-1641984	10219	QBE Reinsurance Corporation	New York, NY							0	0	0.0	0.0
74-1280541	24384	Ranger Insurance Company	Houston, TX	0				0		0	0	38.0	38.0
41-0451140	67105	Reliastar Life Insurance Company	Minneapolis, MN							0	0	0.0	0.0
86-0274508	31089	Republic Western Insurance Company	Phoenix, AZ	0						0	0	0.0	0.0
75-1444207	30058	Scor Reinsurance Company	New York, NY	(0)						0	(0)	0.0	0.0
06-0529570	24902	Security Insurance Company of Harford	Farmington, CT	1						0	1	0.0	0.0
34-1532771	15156	Shelby Insurance Company	Shelby, OH				3	8		11	11	100.0	76.0
13-3029255	39322	Sorema North America Reins Company	New York, NY	1						0	1	0.0	0.0
41-0406690	24767	St Paul Fire & Marine Insurance Company	St Paul, MN	4						0	4	0.0	0.0
13-1675535	25364	Swiss Reinsurance America Corporation	Amonk, NY	2						0	2	0.0	0.0
13-2918573	42439	Toa Reinsurance Company of America	Morristown, NJ	10						0	10	0.0	0.0
13-6108722	12904	Tokio Marine & Fire Ins Company Ltd US Br	New York, NY							0	0	0.0	0.0
13-5616275	19453	Transatlantic Reinsurance Company	New York, NY	1						0	1	0.0	0.0
06-0566050	25658	Travelers Indemnity Company	Hartford, CT	(19)						0	(19)	0.0	0.0
13-2953213	36048	Unione Italiana Rein Company of America	New York, NY							0	0	0.0	0.0
76-0197261	29220	United Republic Insurance Company	Houston, TX	(0)				17		17	17	100.0	100.0
02-0349547	38032	US International Rein Company	Manchester, NH					4		4	4	100.0	100.0
04-1590940	11835	USF Re Insurance Company	Costa Mesa, CA							0	0	0.0	0.0
39-0698170	15350	West Bend Mutual Insurance Company	West Bend, WI	(0)						0	(0)	0.0	0.0
13-2554270	11126	Yasuda Fire & Marine Ins Co of America	New York, NY	0						0	0	0.0	0.0
0599999		Total Authorized - Other U.S. Unaffiliated Insurers		1,670	0	0	3	36	38	1,709	2.2	2.1	
<b>Pools-Mandatory Pools</b>													
AA-9991161		Commonwealth Automobile Reinsurers	Boston, MA	82						0	82	0.0	0.0
AA-9991310		Florida Hurricane Catastrophe Fund	Tampa, FL							0	0	0.0	0.0
AA-9991502		Kentucky Mine Subsidence Fund	Frankfort, KY							0	0	0.0	0.0
AA-9991423		Minnesota Workers Compensation	Minneapolis, MN	42						0	42	0.0	0.0
0699999		Total Authorized - Pools - Mandatory Pools		124	0	0	0	0	0	124	0.0	0.0	
<b>Pools-Voluntary Pools</b>													
AA-9995022		Excess and Casualty Reins Assn (ECRA)	New York, NY	(16)				69	69	53	130.1	130.1	
AA-9995035		Mutual Reinsurance Bureau	Cherry Valley, IL	0					0	0	0.0	0.0	
0799999		Total Authorized - Pools - Voluntary Pools		(16)	0	0	0	69	69	53	130.1	130.1	
<b>Other Non-U.S. Insurers</b>													
AA-1340125		Hannover Ruckversicherungs Ag	Germany	6						0	6	0.0	0.0
AA-1120002		Lloyd's Syndicate Number 0002	U.K.							0	0	0.0	0.0
AA-1126205		Lloyd's Syndicate Number 0205	U.K.	0						0	0	0.0	0.0
AA-1126227		Lloyd's Syndicate Number 0227	U.K.	0						0	0	0.0	0.0
AA-1126376		Lloyd's Syndicate Number 0376	U.K.	0						0	0	0.0	0.0
AA-1126506		Lloyd's Syndicate Number 0506	U.K.	0						0	0	0.0	0.0
AA-1126510		Lloyd's Syndicate Number 0510	U.K.	0						0	0	0.0	0.0
AA-1126529		Lloyd's Syndicate Number 0529	U.K.	0						0	0	0.0	0.0
AA-1126557		Lloyd's Syndicate Number 0557	U.K.							0	0	0.0	0.0

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ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

SCHEDULE F - PART 4

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10 / Col. 11	13 Percentage more than 120 Days Overdue Col. 9 / Col. 11
				5 Current	Overdue					10 Total Overdue Cols. 6 + 7 + 8 + 9			
					6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9				
AA-1126566		Lloyd's Syndicate Number 0566	U.K.	0						0	0	0.0	0.0
AA-1126570		Lloyd's Syndicate Number 0570	U.K.							0	0	0.0	0.0
AA-1126727		Lloyd's Syndicate Number 0727	U.K.							0	0	0.0	0.0
AA-1126780		Lloyd's Syndicate Number 0780	U.K.	0						0	0	0.0	0.0
AA-1126958		Lloyd's Syndicate Number 0958	U.K.	0						0	0	0.0	0.0
AA-1126990		Lloyd's Syndicate Number 0990	U.K.							0	0	0.0	0.0
AA-1126994		Lloyd's Syndicate Number 0994	U.K.	0						0	0	0.0	0.0
AA-1127007		Lloyd's Syndicate Number 1007	U.K.	0						0	0	0.0	0.0
AA-1127096		Lloyd's Syndicate Number 1096	U.K.	0						0	0	0.0	0.0
AA-1127241		Lloyd's Syndicate Number 1241	U.K.	0						0	0	0.0	0.0
AA-1127245		Lloyd's Syndicate Number 1245	U.K.							0	0	0.0	0.0
AA-1127688		Lloyd's Syndicate Number 1688	U.K.	0						0	0	0.0	0.0
AA-1128001		Lloyd's Syndicate Number 2001	U.K.	0						0	0	0.0	0.0
AA-1128010		Lloyd's Syndicate Number 2010	U.K.	0						0	0	0.0	0.0
AA-1128987		Lloyd's Syndicate Number 2987	U.K.							0	0	0.0	0.0
0899999	Total Authorized - Other Non-U.S. Insurers			6	0	0	0	0	0	0	6	0.0	0.0
0999999	Total Authorized			4,367	0	0	3	104	107	4,474	2.4	2.3	
<b>Unauthorized</b>													
<b>Other U.S. Unaffiliated Insurers</b>													
36-3536176	16284	Classic Fire & Marine Insurance Company	Chicago, IL	0				1		1	1	86.6	86.6
13-2901685	35165	Corpa Reinsurance Company	Short Hills, NJ	3						3	3	0.0	0.0
06-1008792	37818	Orion Insurance Company	Farmington, CT	(0)						(0)	(0)	0.0	0.0
13-6109222	12491	Rochdale Insurance Company	New York, NY	(0)						0	(0)	0.0	0.0
43-1424791	26557	Shelter Reinsurance Company	Columbia, MO	0						0	0	0.0	0.0
13-2959091	36285	United Americas Insurance Company	New York, NY	(0)						0	(0)	0.0	0.0
1499999	Total Unauthorized - Other U.S. Unaffiliated Insurers			3	0	0	0	1	1	4	26.4	26.4	
<b>Pools-Voluntary Pools</b>													
AA-9993212		IAT Syndicate Inc.	New York, NY							0	0	0.0	0.0
AA-9993214		J & H WF Syndicate B Inc.	New York, NY							0	0	0.0	0.0
AA-9993218		MML Syndicate Inc.	New York, NY	0						0	0	0.0	0.0
AA-9993226		Spear Leeds & Kellogg Re Corporation	New York, NY							0	0	0.0	0.0
1699999	Total Unauthorized - Pools - Voluntary Pools			0	0	0	0	0	0	0	0.0	0.0	
<b>Other Non-U.S. Insurers</b>													
AA-1320010		Abeille Reassurances	France	0						0	0	0.0	0.0
AA-1240010		Assubel Accidents Et Dommages	Belgium	0						0	0	0.0	0.0
AA-1320035		AXA Reassurances	Paris, France	0						0	0	0.0	0.0
AA-1460030		Berne Allgemeine Vers	Switzerland	0						0	0	0.0	0.0
AA-1720007		Bothnia International Insurance Company	Finland	1						1	1	0.0	0.0
AA-3190045		Brittany Insurance Company Ltd	Bermuda	(1)			2	9	11	10	107.5	87.8	
AA-1320052		Caisse Centrale De Reassurance	France	(0)						(0)	(0)	0.0	0.0
AA-1320060		Caisse Mutuelle D'Assur Et De Prevoyance	France	0				1	1	1	78.5	78.5	
AA-1580015		Dai-Tokyo Fire and Marine Insurance Co	Japan	1						1	1	0.0	0.0
AA-1340073		Deutsche Ruckversicherungs	Germany	0						0	0	0.0	0.0
AA-1340085		Eisen und Stahl -Ruckversicher	Germany	1						1	1	0.0	0.0
AA-1460082		Elvia Versicherungen	Switzerland	1			3		3	3	78.8	0.0	
AA-1280003		Employers Reinsurance International AS	Denmark	0						0	0	0.0	0.0
AA-1340010		ERC Aachener Ruckversicherungs Gesellschaft	Germany	1			1	6	7	7	91.5	77.7	
AA-1120643		ERC Frankona Reins LTD	U.K.	0						0	0	0.0	0.0
AA-1580035		Fuji Fire & Marine Insurance Company	Japan	0						0	0	0.0	0.0
AA-1460080		Helvetia Schweizerische	Switzerland	0						0	0	0.0	0.0

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ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 4**

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12 Percentage Overdue Col. 10 / Col. 11	13 Percentage more than 120 Days Overdue Col. 9 / Col. 11	
				5 Current	Overdue					11 Total Due Cols. 5 + 10			
					6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9				
AA-5760025		Insurance Corporation Of Singapore	Singapore	0						0	0	0.0	0.0
AA-1360080		La Fondiaria Spa	Italy	0			1	6	7	7	7	95.3	78.2
AA-3190654		Lasalle Re Ltd	Bermuda	0					0	0	0	0.0	0.0
AA-1360156		Mill Ri Gruppo Riassicurativo	Italy	0			1		1	2	2	78.7	0.0
AA-1960655		National Ins Co of New Zealand Ltd	New Zealand	0			0	0	1	1	1	72.3	16.6
AA-1580060		Nippon Fire & Marine Insurance Company	Japan	0					0	0	0	0.0	0.0
AA-1460100		Nouvelle Cie De Reassurancesre	Switzerland	0					0	0	0	0.0	0.0
AA-1930680		NRMA Insurance Ltd	Australia	(0)					0	(0)	(0)	0.0	0.0
AA-1320265		PartnerRe SA	France	0					0	0	0	0.0	0.0
AA-2731011		Patria Insurance Co	Switzerland	0			0	0	0	0	0	69.2	7.1
AA-1780070		QBE Insurance and Rein Ltd	Ireland	(0)					0	(0)	(0)	0.0	0.0
AA-1460115		Rhein Ruckversicherung Ag	Switzerland	0					0	0	0	0.0	0.0
AA-1240170		Royale Belge SA	Belgium	0					0	0	0	0.0	0.0
AA-1320275		SCOR Societe Commerciale De Reass	France	1					0	1	1	0.0	0.0
AA-1320295		Sorema Ste De Reass Des Ass Mut Agri	France						0	0	0	0.0	0.0
AA-1930900		State Gov Ins Office of W Australia	Australia	(0)					0	(0)	(0)	0.0	0.0
AA-1960940		State Insurance Office	New Zealand	0					0	0	0	0.0	0.0
AA-1121425		Terra Nova Insurance Company Ltd	U.K						0	0	0	0.0	0.0
AA-1460160		Union Suisse Coe Gem D'Assurance	Switzerland	0					0	0	0	0.0	0.0
AA-1220070		Wiener Ruckversicherungs	Austria	(0)					0	(0)	(0)	0.0	0.0
AA-1340250		Wurtembergische Und	Germany	1				14	14	15	15	93.9	93.9
AA-3190541		X L Global Reinsurance Company Ltd	Bermuda						0	0	0	0.0	0.0
1799999		Total Unauthorized - Other Non-U.S. Insurers		9	0	0	9	35	44	53	53	82.2	66.1
1899999		Total Unauthorized		13	0	0	9	36	45	57	57	78.2	63.2
1999999		Total Authorized and Unauthorized		4,379	0	0	11	141	152	4,531	4,531	3.3	3.1
9999999		Totals		4,379	0	0	11	141	152	4,531	4,531	3.3	3.1

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ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

SCHEDULE F - PART 5

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Recoverable all Items Schedule F, Part 3, Col. 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Ceded Balances Payable	Miscellaneous Balances	Other Allowed Offset Items	Sum of Columns 6 thru 10 but not in excess of Column 5	Subtotal Col. 5 minus Col. 11	Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due not in Dispute	20% of Amount in Col. 13	Smaller of Col. 11 or Col. 14	Smaller of Col. 11 or 20% of Amount in Dispute Included in Col. 5	Total Provision for Unauthorized Reinsurance Smaller of Col. 5 or Col. 12 + 15 + 16
<b>Other U.S. Unaffiliated Insurers</b>																
36-3536176	16284	Classic Fire & Marine Insurance Company	Chicago, IL	3						0	3	1	0	0	0	3
13-2901685	35165	Corpa Reinsurance Company	Short Hills, NJ	66						0	66		0	0	0	66
06-1008792	37818	Orion Insurance Company	Farmington, CT	4						0	4		0	0	0	4
13-6109222	12491	Rochdale Insurance Company	New York, NY	(0)						0	0		0	0	0	0
43-1424791	26557	Shelter Reinsurance Company	Columbia, MO	0			0			0	0		0	0	0	0
13-2959091	36285	United Americas Insurance Company	New York, NY	(0)						0	0		0	0	0	0
0599999		Total Other U.S. Unaffiliated Insurers		73	0	0	0	0	0	0	73	1	0	0	0	73
<b>Pools and Associations-Voluntary</b>																
AA-9993212		IAT Syndicate Inc.	New York, NY							0	0		0	0	0	0
AA-9993214		J & H WF Syndicate B Inc.	New York, NY							0	0		0	0	0	0
AA-9993218		MML Syndicate Inc.	New York, NY	1						0	1		0	0	0	1
AA-9993226		Spear Leeds & Kellogg Re Corporation	New York, NY							0	0		0	0	0	0
0799999		Total Pools and Associations - Voluntary		1	0	0	0	0	0	0	1	0	0	0	0	1
<b>Other Non-U.S. Insurers</b>																
AA-1320010		Abeille Reassurances	France	80	4	189	0			80	0		0	0	0	0
AA-1240010		Assubel Accidents Et Dommages	Belgium	4	0	26				4	0		0	0	0	0
AA-1320035		AXA Reassurances	Paris, France	92	37	163				92	0		0	0	0	0
AA-1460030		Berne Allgemeine Vers.	Switzerland	102	74	57	0			102	0		0	0	0	0
AA-1720007		Bothnia International Insurance Company	Finland	89	2	197	0			89	0		0	0	0	0
AA-3190045		Brittany Insurance Company Ltd.	Bermuda	60	4	116	2			60	0	11	2	2	2	2
AA-1320052		Caisse Centrale De Reassurance	France	12	2	13	2			12	0		0	0	0	0
AA-1320060		Caisse Mutuelle D'Assur Et De Prevoyance	France	4		4				4	0	1	0	0	0	0
AA-1580015		Dai-Tokyo Fire and Marine Insurance Co.	Japan	480	477	9	0			480	0		0	0	0	0
AA-1340073		Deutsche Ruckversicherungs	Germany	59	1	261				59	0		0	0	0	0
AA-1340085		Eisen und Stahl -Ruckversicher.	Germany	153	6	480				153	0		0	0	0	0
AA-1460082		Elvia Versicherungen	Switzerland	68	1	189	0			68	0	3	1	1	1	1
AA-1280003		Employers Reinsurance International AS	Denmark	3	0	35	0			3	0		0	0	0	0
AA-1340010		ERC Aachener Ruckversicherungs Gesellschaft	Germany	54	3	99	2			54	0	7	1	1	1	1
AA-1120643		ERC Frankona Reins LTD	U.K.	100	3	194				100	0		0	0	0	0
AA-1580035		Fuji Fire & Marine Insurance Company	Japan	43	3	129	0			43	0		0	0	0	0
AA-1460080		Helvetia Schweizerische	Switzerland	30	73	70	0			30	0		0	0	0	0
AA-5760025		Insurance Corporation Of Singapore	Singapore	4	3	2	(0)			4	0		0	0	0	0
AA-1360080		La Fondiaria Spa	Italy	31	22		0			22	9	7	1	1	1	10
AA-3190654		Lasalle Re Ltd	Bermuda	0		10	1			0	0		0	0	0	0
AA-1360156		Mill Ri Gruppo Riassicurativo	Italy	25	103		0			25	0	1	0	0	0	0
AA-1960655		National Ins Co of New Zealand Ltd	New Zealand	3	0	35	0			3	0	1	0	0	0	0
AA-1580060		Nippon Fire & Marine Insurance Company	Japan	190	116	85	0			190	0		0	0	0	0
AA-1460100		Nouvelle Cie De Reassurancesre	Switzerland	45	1	166				45	0		0	0	0	0
AA-1930680		NRMA Insurance Ltd.	Australia	14	2	14	0			14	0		0	0	0	0
AA-1320265		Partnerre SA	France	48	1	209				48	0		0	0	0	0
AA-2731011		Patria Insurance Co	Switzerland	9	9		0			9	0	0	0	0	0	0
AA-1780070		QBE Insurance and Rein Ltd.	Ireland	12	1	12	1			12	0		0	0	0	0
AA-1460115		Rhein Ruckversicherung Ag	Switzerland	59	4	140	0			59	0		0	0	0	0
AA-1240170		Royale Belge SA	Belgium	76	1	332				76	0		0	0	0	0
AA-1320275		SCOR Societe Commerciale De Reass	France	216	13	620				216	0		0	0	0	0
AA-1320295		Sorema Ste De Reass Des Ass Mut Agri	France	25	25					25	0		0	0	0	0
AA-1930900		State Gov Ins Office of W Australia	Australia	5	0	3	0			3	2		0	0	0	2
AA-1960940		State Insurance Office	New Zealand	33	5	38	0			33	0		0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 5**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Recoverable all Items Schedule F, Part 3, Col. 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Ceded Balances Payable	Miscellaneous Balances	Other Allowed Offset Items	Sum of Columns 6 thru 10 but not in excess of Column 5	Subtotal Col. 5 minus Col. 11	Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due not in Dispute	20% of Amount in Col. 13	Smaller of Col. 11 or Col. 14	Smaller of Col. 11 or 20% of Amount in Dispute Included in Col. 5	Total Provision for Unauthorized Reinsurance Smaller of Col. 5 or Cols. 12 + 15 + 16
AA-1121425	.....	Terra Nova Insurance Company Ltd.....	U.K.....	.....	.....	.....	.....2	.....	.....	.....0	.....0	.....	.....0	.....0	.....	.....0
AA-1460160	.....	Union Suisse Coe Gem D'Assurance.....	Switzerland.....	.....83	.....5	.....191	.....0	.....	.....	.....83	.....0	.....	.....0	.....0	.....	.....0
AA-1220070	.....	Wiener Ruckversicherungs.....	Austria.....	.....2	.....2	.....	.....0	.....	.....	.....2	.....0	.....	.....0	.....0	.....	.....0
AA-1340250	.....	Wuerttembergische Und.....	Germany.....	.....248	.....13	.....690	.....0	.....	.....	.....248	.....0	.....14	.....3	.....3	.....	.....3
AA-3190541	.....	X L Global Reinsurance Company Ltd.....	Bermuda.....	.....	.....	.....	.....0	.....	.....	.....0	.....0	.....	.....0	.....0	.....	.....0
0899999	Total Other Non-U.S. Insurers.....			.....2,562	.....1,016	.....4,778	.....11	.....0	.....0	.....2,550	.....11	.....44	.....9	.....9	.....0	.....20
0999999	Total Affiliates and Others.....			.....2,635	.....1,016	.....4,778	.....11	.....0	.....0	.....2,550	.....85	.....45	.....9	.....9	.....0	.....94
9999999	Totals.....			.....2,635	.....1,016	.....4,778	.....11	.....0	.....0	.....2,550	.....85	.....45	.....9	.....9	.....0	.....94

1. Amounts in dispute totalling \$.....0 are included in Column 5.
2. Amounts in dispute totalling \$.....0 are excluded from Column 13.
3. Column 5 excludes \$.....3,602 recoverables on ceded IBNR on contracts in force prior to July 1, 1984 and not subsequently renewed.

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 6**

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

1	2	3	4	5	6	7	8	9	10	11
Federal ID Number	NAIC Company Code	Name of Reinsurer	Reinsurance Recoverable on Paid Losses and LAE more than 90 Days Overdue (a)	Total Reinsurance Recoverable on Paid Losses and Paid LAE (b)	Amounts Received Prior 90 Days	Col. 4 divided by (Cols. 5 + 6)	Amounts in Col. 4 for Companies Reporting less than 20% in Col. 7	Amounts in Dispute Excluded from Col. 4 for Companies Reporting less than 20% in Col. 7	20% of Amount in Col. 9	Amount Reported in Col. 8 x 20% + Col. 10
<b>Overdue Authorized Reinsurance</b>										
36-2661954.....	10103.....	American Agricultural Insurance Company.....	1,850	2,215		83.5	0		0	0
36-2994662.....	36552.....	AXA Corporate Solutions Reinsurance Co.....	374	3,158	2,762	.63	374		0	.75
04-2475442.....	20621.....	Commercial Union Insurance Company.....	4,207	6,460	5,599	34.9	0		0	0
74-1280541.....	24384.....	Ranger Insurance Company.....	172	453		38.0	0		0	0
34-1532771.....	15156.....	Shelby Insurance Company.....	10,680	10,680	1,253	89.5	0		0	0
76-0197261.....	29220.....	United Republic Insurance Company.....	17,022	17,022		100.0	0		0	0
02-0349547.....	38032.....	US International Rein Company.....	4,028	4,028		100.0	0		0	0
AA-9995022.....		Excess and Casualty Reins Assn (ECRA).....	68,606	52,717	20,740	93.4	0		0	0
9999999	Totals.....		106,940	96,732	30,355	84.1	374	0	0	.75

(a) From Schedule F-Part 4 Columns 8 + 9, total authorized, less \$.00 in dispute.

(b) From Schedule F-Part 3 Columns 7 + 8, total authorized, less \$.00 in dispute.

ANNUAL STATEMENT FOR THE YEAR 2002 OF TRAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 7**

Provision for Overdue Reinsurance as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
Federal ID Number	NAIC Company Code	Name of Reinsurer	Reinsurance Recoverable all Items	Funds Held by Company Under Reinsurance Treaties	Letters of Credit	Ceded Balances Payable	Other Miscellaneous Balances	Other Allowed Offset Items	Sum of Cols. 5 thru 9 but not in excess of Col. 4	Col. 4 minus Col. 10	Greater of Col. 11 or Schedule F, Part 4 Cols. 8 + 9
<b>Overdue Reinsurance</b>											
36-2661954.....	10103.....	American Agricultural Insurance Company.....	7,375			962			962	6,413	6,413
04-2475442.....	20621.....	Commercial Union Insurance Company.....	38,052						0	38,052	38,052
74-1280541.....	24384.....	Ranger Insurance Company.....	274,903	1,342					1,342	273,560	273,560
34-1532771.....	15156.....	Shelby Insurance Company.....	237,929	2,005		19			2,025	235,904	235,904
76-0197261.....	29220.....	United Republic Insurance Company.....	18,435						0	18,435	18,435
02-0349547.....	38032.....	US International Rein Company.....	4,028						0	4,028	4,028
AA-9995022.....		Excess and Casualty Reins Assn (ECRA).....	1,099,760	2,784					2,784	1,096,976	1,096,976
9999999	Totals.....		1,680,482	6,131	0	982	0	0	7,113	1,673,369	1,673,369
											1,673,369
											334,674
											75
											334,749
											93,814
											428,562

- 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).....

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 9).....	169,947,353		169,947,353
2. Agents' balances or uncollected premiums (Line 10).....	26,568,632		26,568,632
3. Funds held by or deposited with reinsured companies (Line 11).....	47,049		47,049
4. Reinsurance recoverable on loss and loss adjustment expense payments (Line 14).....	4,531,087	(4,407,040)	124,047
5. Other assets (Lines 12 and 13 and 15 through 25).....	8,885,680		8,885,680
6. Net amount recoverable from reinsurers.....		149,258,008	149,258,008
7. Totals (Line 28).....	209,979,801	144,850,969	354,830,770
<b>LIABILITIES (Page 3)</b>			
8. Losses and loss adjustment expenses (Lines 1 through 3).....	65,187,351	118,766,752	183,954,102
9. Taxes, expenses, and other obligations (Lines 4 through 8).....	5,010,807		5,010,807
10. Unearned premiums (Line 9).....	33,886,659	33,583,028	67,469,687
11. Advance premiums (Line 10).....	913,164		913,164
12. Dividends declared and unpaid (Line 11.1 and 11.2).....	111,530		111,530
13. Ceded reinsurance premiums payable (net of ceded commission) (Line 12).....	7,291,475		7,291,475
14. Funds held by company under reinsurance treaties (Line 13).....	240,045	(240,045)	0
15. Amounts withheld or retained by company for account of others (Line 14).....	1,373,897		1,373,897
16. Provision for reinsurance (Line 16).....	428,562	(93,814)	334,749
17. Other liabilities (Lines 15 and 17 through 23).....	13,469,863	(7,164,952)	6,304,911
18. Total liabilities (Line 26 minus Line 25).....	127,913,353	144,850,969	272,764,322
19. Surplus as regards policyholders (Line 35).....	82,066,448	.XXX	82,066,448
20. Totals (Line 36).....	209,979,801	144,850,969	354,830,770

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 [ X ]

If yes, give full explanation:

**ANNUAL STATEMENT FOR THE YEAR 2002 OF TIAMERICAN HARDWARE MUTUAL INSURANCE COMPANY**  
**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts										
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other		
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	
<b>PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS</b>																			
1. Premiums written.....	20,021	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		20,021	XXX
2. Premiums earned.....	20,211	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		20,211	XXX
3. Incurred claims.....	35,393	175.1	9,155	0.0		0.0		0.0		0.0		0.0		0.0		0.0		26,238	129.8
4. Increase in contract reserves.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0			0.0
5. Commissions (a).....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0			0.0
6. General insurance expenses.....	66	0.3		0.0		0.0		0.0		0.0		0.0		0.0		0.0		66	0.3
7. Taxes, licenses and fees.....	1,075	5.3		0.0		0.0		0.0		0.0		0.0		0.0		0.0		1,075	5.3
8. Total expenses incurred.....	1,142	5.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	1,142	5.6
9. Aggregate write-ins for deductions.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0
10. Gain from underwriting before dividends or refunds.....	(16,324)	(80.8)	(9,155)	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	(7,169)	(35.5)
11. Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0			0.0
12. Gain from underwriting after dividends or refunds.....	(16,324)	(80.8)	(9,155)	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	(7,169)	(35.5)
<b>DETAILS OF WRITE-INS</b>																			
0901. ....		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0			0.0
0902. ....		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0			0.0
0903. ....		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0			0.0
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0
0999. Total (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0

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(a) Includes \$.....0 reported as "Contract, membership and other fees retained by agents."



**ANNUAL STATEMENT FOR THE YEAR 2002 OF TIAMERICAN HARDWARE MUTUAL INSURANCE COMPANY  
SCHEDULE H - PART 5 - HEALTH CLAIMS**

	1 Medical	2 Dental	3 Other	4 Total
<b>A. Direct:</b>				
1. Incurred claims.....				.0
2. Beginning claim reserves and liabilities.....				.0
3. Ending claim reserves and liabilities.....				.0
4. Claims paid.....	.0	.0	.0	.0
<b>B. Assumed Reinsurance:</b>				
5. Incurred claims.....				.0
6. Beginning claim reserves and liabilities.....				.0
7. Ending claim reserves and liabilities.....				.0
8. Claims paid.....	.0	.0	.0	.0
<b>C. Ceded Reinsurance:</b>				
9. Incurred claims.....				.0
10. Beginning claim reserves and liabilities.....				.0
11. Ending claim reserves and liabilities.....				.0
12. Claims paid.....	.0	.0	.0	.0
<b>D. Net:</b>				
13. Incurred claims.....	.0	.0	.0	.0
14. Beginning claim reserves and liabilities.....	.0	.0	.0	.0
15. Ending claim reserves and liabilities.....	.0	.0	.0	.0
16. Claims paid.....	.0	.0	.0	.0

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2002 OF TIAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

**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							10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments					
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	(0).....	20.....	1.....	(0).....	(0).....	.....	0.....	(19).....	XXX.....	
2. 1993.....	6,439.....	607.....	5,832.....	4,304.....	282.....	118.....	7.....	422.....	1.....	57.....	4,554.....	2,825.....	
3. 1994.....	6,767.....	587.....	6,180.....	4,969.....	245.....	209.....	12.....	468.....	7.....	90.....	5,382.....	3,017.....	
4. 1995.....	7,178.....	633.....	6,545.....	4,555.....	223.....	144.....	6.....	469.....	9.....	56.....	4,930.....	2,586.....	
5. 1996.....	7,678.....	670.....	7,008.....	6,836.....	547.....	197.....	11.....	695.....	32.....	74.....	7,138.....	3,514.....	
6. 1997.....	7,947.....	632.....	7,315.....	4,822.....	280.....	168.....	21.....	615.....	15.....	69.....	5,289.....	2,572.....	
7. 1998.....	8,633.....	752.....	7,880.....	6,760.....	1,776.....	122.....	.....	858.....	30.....	116.....	5,935.....	3,176.....	
8. 1999.....	9,211.....	720.....	8,491.....	5,977.....	276.....	98.....	.....	865.....	7.....	82.....	6,657.....	2,450.....	
9. 2000.....	10,065.....	987.....	9,078.....	7,057.....	1,003.....	82.....	.....	875.....	11.....	64.....	7,000.....	2,930.....	
10. 2001.....	10,973.....	1,104.....	9,869.....	7,927.....	1,200.....	46.....	.....	1,020.....	23.....	43.....	7,771.....	3,118.....	
11. 2002.....	13,233.....	252.....	12,981.....	7,606.....	.....	35.....	.....	1,075.....	.....	43.....	8,716.....	2,964.....	
12. Totals.....	XXX.....	XXX.....	XXX.....	60,813.....	5,852.....	1,220.....	57.....	7,363.....	134.....	694.....	63,354.....	XXX.....	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	1.....	.....	.....	.....	.....	.....	.....	0.....	.....	0.....	.....	1.....	0.....
2. 1993.....	9.....	.....	0.....	.....	.....	.....	.....	0.....	.....	0.....	.....	9.....	0.....
3. 1994.....	3.....	.....	.....	.....	.....	.....	.....	0.....	.....	0.....	.....	3.....	0.....
4. 1995.....	9.....	.....	.....	.....	.....	.....	.....	1.....	.....	1.....	.....	11.....	1.....
5. 1996.....	7.....	.....	0.....	.....	.....	.....	.....	2.....	.....	1.....	.....	10.....	1.....
6. 1997.....	8.....	.....	0.....	.....	.....	.....	.....	4.....	.....	1.....	.....	13.....	1.....
7. 1998.....	17.....	.....	0.....	.....	.....	.....	.....	3.....	.....	12.....	.....	32.....	2.....
8. 1999.....	94.....	38.....	7.....	7.....	.....	.....	.....	7.....	.....	27.....	2.....	88.....	4.....
9. 2000.....	179.....	40.....	25.....	24.....	.....	.....	.....	16.....	.....	64.....	.....	221.....	2.....
10. 2001.....	250.....	16.....	131.....	19.....	.....	.....	.....	27.....	.....	114.....	1.....	487.....	25.....
11. 2002.....	1,859.....	.....	715.....	4.....	.....	.....	.....	63.....	.....	377.....	.....	3,010.....	232.....
12. Totals.....	2,436.....	94.....	880.....	54.....	0.....	0.....	.....	123.....	0.....	597.....	2.....	3,884.....	270.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	1.....	0.....
2. 1993.....	4,853.....	290.....	4,563.....	75.4.....	47.7.....	78.3.....	.....	.....	19.00.....	9.....	0.....
3. 1994.....	5,650.....	264.....	5,385.....	83.5.....	45.0.....	87.1.....	.....	.....	19.00.....	3.....	1.....
4. 1995.....	5,179.....	238.....	4,941.....	72.2.....	37.6.....	75.5.....	.....	.....	19.00.....	9.....	2.....
5. 1996.....	7,738.....	590.....	7,148.....	100.8.....	88.1.....	102.0.....	.....	.....	19.00.....	7.....	3.....
6. 1997.....	5,617.....	316.....	5,301.....	70.7.....	50.0.....	72.5.....	.....	.....	19.00.....	8.....	5.....
7. 1998.....	7,772.....	1,806.....	5,967.....	90.0.....	240.0.....	75.7.....	.....	.....	19.00.....	17.....	14.....
8. 1999.....	7,075.....	329.....	6,745.....	76.8.....	45.7.....	79.4.....	.....	.....	19.00.....	57.....	32.....
9. 2000.....	8,299.....	1,078.....	7,221.....	82.5.....	109.2.....	79.5.....	.....	.....	19.00.....	141.....	80.....
10. 2001.....	9,517.....	1,259.....	8,258.....	86.7.....	114.0.....	83.7.....	.....	.....	19.00.....	347.....	140.....
11. 2002.....	11,730.....	4.....	11,726.....	88.6.....	1.7.....	90.3.....	.....	.....	19.00.....	2,570.....	440.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	3,168.....	717.....

**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							10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments					
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	427	394	12	0	4		6	49	XXX.....	
2. 1993.....	17,959	320	17,639	12,644	170	558	4	1,083		314	14,110	4,503	
3. 1994.....	16,931	297	16,635	11,482	310	452	26	1,009	4	324	12,603	4,308	
4. 1995.....	16,715	323	16,391	11,044	124	433	15	1,067	1	276	12,404	4,081	
5. 1996.....	16,173	424	15,749	9,793	314	468	19	984	18	320	10,895	3,885	
6. 1997.....	15,449	378	15,070	9,310	160	427	10	1,196	10	346	10,753	3,661	
7. 1998.....	15,387	449	14,938	8,394	148	518	0	1,084	12	251	9,836	3,411	
8. 1999.....	14,985	424	14,561	7,862	202	439	4	1,014	15	223	9,094	3,337	
9. 2000.....	15,111	295	14,816	6,843	44	262		1,023	1	232	8,083	3,404	
10. 2001.....	15,984	159	15,825	6,329	30	107		1,020		198	7,425	3,524	
11. 2002.....	17,706	88	17,618	4,903		26		960		73	5,889	3,584	
12. Totals.....	XXX.....	XXX.....	XXX.....	89,031	1,895	3,701	79	10,442	60	2,564	101,141	XXX.....	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	1,556	1,408					0		1			149	15
2. 1993.....	20		7				2		1			30	1
3. 1994.....	18		3				6		1			28	1
4. 1995.....	71		8				11		1			92	1
5. 1996.....	115		12				24		3			154	5
6. 1997.....	143	6	27				30		4			199	6
7. 1998.....	272	41	95	2			59		26	2		406	14
8. 1999.....	679	11	182	4			133		50	0		1,028	32
9. 2000.....	1,146	10	257	16			251		104			1,733	9
10. 2001.....	2,171	27	997	36			390		206	0		3,700	187
11. 2002.....	4,096		2,561	7			628		709			7,987	844
12. Totals..	10,287	1,504	4,151	65	0	0	1,533	0	1,106	3	0	15,505	1,114

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	148	1
2. 1993.	14,315	174	14,141	79.7	54.5	80.2			19.00	28	3
3. 1994.	12,970	339	12,631	76.6	114.4	75.9			19.00	21	7
4. 1995.	12,636	140	12,496	75.6	43.3	76.2			19.00	80	12
5. 1996.	11,400	351	11,049	70.5	82.7	70.2			19.00	127	27
6. 1997.	11,138	187	10,952	72.1	49.4	72.7			19.00	164	34
7. 1998.	10,448	205	10,243	67.9	45.7	68.6			19.00	324	82
8. 1999.	10,358	236	10,122	69.1	55.7	69.5			19.00	846	182
9. 2000.	9,885	70	9,815	65.4	23.9	66.2			19.00	1,377	355
10. 2001.	11,219	94	11,125	70.2	59.3	70.3			19.00	3,105	595
11. 2002.	13,883	7	13,876	78.4	7.8	78.8			19.00	6,650	1,338
12. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	12,868	2,637

**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 Number of Claims Reported-Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	46.....	104.....	19.....	9.....	2.....		1.....	(45).....	XXX.....
2. 1993.....	11,849.....	940.....	10,908.....	8,796.....	732.....	1,338.....	53.....	722.....		65.....	10,071.....	1,748.....
3. 1994.....	10,850.....	706.....	10,144.....	7,984.....	396.....	1,570.....	230.....	636.....		71.....	9,564.....	1,691.....
4. 1995.....	9,748.....	618.....	9,130.....	6,281.....	269.....	1,570.....	473.....	547.....		43.....	7,656.....	1,479.....
5. 1996.....	9,216.....	618.....	8,598.....	6,390.....	302.....	1,175.....	42.....	504.....	0.....	62.....	7,725.....	1,170.....
6. 1997.....	8,201.....	536.....	7,665.....	5,185.....	379.....	868.....	13.....	492.....		60.....	6,152.....	1,058.....
7. 1998.....	7,195.....	372.....	6,823.....	3,643.....	294.....	555.....	1.....	335.....	1.....	43.....	4,237.....	891.....
8. 1999.....	7,047.....	442.....	6,605.....	3,260.....	173.....	490.....		302.....	0.....	46.....	3,877.....	897.....
9. 2000.....	7,566.....	331.....	7,235.....	3,006.....	189.....	421.....	3.....	321.....	0.....	33.....	3,555.....	944.....
10. 2001.....	8,852.....	187.....	8,665.....	2,097.....	9.....	241.....		337.....		31.....	2,665.....	1,008.....
11. 2002.....	10,461.....	396.....	10,065.....	1,404.....	5.....	47.....		286.....		19.....	1,732.....	899.....
12. Totals.....	XXX.....	XXX.....	XXX.....	48,091.....	2,853.....	8,294.....	828.....	4,485.....	2.....	472.....	57,188.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	215.....	70.....	0.....					2.....	3.....	11.....		156.....	8.....
2. 1993.....	99.....	92.....	1.....					15.....	3.....	2.....		21.....	1.....
3. 1994.....	105.....	48.....	6.....					11.....		3.....		79.....	2.....
4. 1995.....	177.....		3.....					7.....		8.....		196.....	4.....
5. 1996.....	199.....		41.....					51.....		17.....		308.....	7.....
6. 1997.....	218.....	1.....	79.....	11.....				58.....		17.....		359.....	8.....
7. 1998.....	253.....		217.....	59.....				81.....		25.....		517.....	9.....
8. 1999.....	522.....	0.....	335.....	95.....				133.....		43.....		938.....	19.....
9. 2000.....	988.....	45.....	816.....	331.....				296.....	0.....	97.....		1,822.....	42.....
10. 2001.....	888.....	1.....	1,531.....	217.....				556.....		189.....		2,946.....	86.....
11. 2002.....	1,062.....	2.....	2,576.....	169.....				787.....		371.....		4,626.....	224.....
12. Totals.....	4,728.....	259.....	5,607.....	881.....	0.....	0.....	1,997.....	6.....	782.....	0.....	0.....	11,968.....	409.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	145.....	11.....
2. 1993.....	10,972.....	880.....	10,092.....	92.6.....	93.6.....	92.5.....			19.00.....	8.....	14.....
3. 1994.....	10,317.....	674.....	9,642.....	95.1.....	95.5.....	95.1.....			19.00.....	64.....	15.....
4. 1995.....	8,594.....	742.....	7,852.....	88.2.....	120.1.....	86.0.....			19.00.....	181.....	15.....
5. 1996.....	8,377.....	344.....	8,032.....	90.9.....	55.7.....	93.4.....			19.00.....	241.....	67.....
6. 1997.....	6,916.....	405.....	6,511.....	84.3.....	75.6.....	85.0.....			19.00.....	285.....	75.....
7. 1998.....	5,109.....	355.....	4,754.....	71.0.....	95.3.....	69.7.....			19.00.....	411.....	106.....
8. 1999.....	5,086.....	271.....	4,815.....	72.2.....	61.3.....	72.9.....			19.00.....	762.....	176.....
9. 2000.....	5,945.....	568.....	5,376.....	78.6.....	171.6.....	74.3.....			19.00.....	1,429.....	393.....
10. 2001.....	5,838.....	227.....	5,611.....	66.0.....	121.4.....	64.8.....			19.00.....	2,202.....	745.....
11. 2002.....	6,534.....	176.....	6,358.....	62.5.....	44.5.....	63.2.....			19.00.....	3,467.....	1,159.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	9,195.....	2,773.....

**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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	725	510	32	5	5		1	247	XXX.....
2. 1993.....	7,993	834	7,159	4,559		328		531		58	5,418	1,269
3. 1994.....	6,304	16	6,289	3,146		213		398		77	3,757	939
4. 1995.....	3,811	188	3,623	1,488	0	107	0	315		31	1,910	547
5. 1996.....	2,813	171	2,642	1,263	11	86	2	212		40	1,548	423
6. 1997.....	2,222	(130)	2,351	1,013		88		144		15	1,244	404
7. 1998.....	1,624	95	1,529	787	2	24		162		14	971	329
8. 1999.....	1,501	112	1,389	968		25		170		8	1,162	307
9. 2000.....	1,756	71	1,685	917	2	10		155	0	12	1,080	323
10. 2001.....	2,462	(115)	2,576	1,272		14		217		3	1,502	393
11. 2002.....	2,855	158	2,697	592		3		156		0	751	344
12. Totals.....	XXX.....	XXX.....	XXX.....	16,730	524	928	7	2,464	0	259	19,591	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	3,721	977	1,489	1			148	14	64			4,430	81
2. 1993.....	311		291				52		6			660	4
3. 1994.....	223		249				41		6			519	5
4. 1995.....	141		104				23		5			273	4
5. 1996.....	55		66				24		4			150	4
6. 1997.....	50		84				26		6			165	5
7. 1998.....	40		101	2			14		13			167	4
8. 1999.....	250	1	115	5			8		21			389	8
9. 2000.....	490	384	235	10			24		32			388	11
10. 2001.....	408	10	463	8			35		85			974	29
11. 2002.....	417		916	6			105		219			1,652	101
12. Totals..	6,108	1,371	4,113	31	0	0	499	14	461	0	0	9,766	257

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	4,233	197
2. 1993.	6,077	0	6,077	76.0	0.0	84.9			19.00	602	58
3. 1994.	4,276	0	4,276	67.8	0.0	68.0			19.00	473	46
4. 1995.	2,184	0	2,183	57.3	0.0	60.3			19.00	246	27
5. 1996.	1,711	13	1,698	60.8	7.6	64.3			19.00	121	29
6. 1997.	1,410	0	1,410	63.5	0.0	60.0			19.00	134	32
7. 1998.	1,141	3	1,138	70.3	3.6	74.4			19.00	140	27
8. 1999.	1,557	6	1,551	103.7	5.2	111.7			19.00	360	29
9. 2000.	1,863	395	1,468	106.1	554.9	87.1			19.00	332	56
10. 2001.	2,494	18	2,476	101.3	(15.6)	96.1			19.00	854	120
11. 2002.	2,408	6	2,402	84.3	3.6	89.1			19.00	1,328	324
12. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	8,820	946

**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 Number of Claims Reported-Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	217	653	149	3	25		2	(265)	XXX.....
2. 1993.....	8,684	915	7,769	3,927	224	522	9	310	0	119	4,526	979
3. 1994.....	8,350	783	7,567	5,182	594	530	19	329	6	200	5,422	1,033
4. 1995.....	7,619	696	6,924	3,555	162	415	12	300	3	119	4,094	853
5. 1996.....	7,181	678	6,503	4,664	536	466	14	371	9	227	4,942	832
6. 1997.....	6,877	594	6,282	3,235	247	294	6	275	8	103	3,544	695
7. 1998.....	5,595	551	5,044	3,338	222	169	16	297	7	76	3,560	645
8. 1999.....	5,496	550	4,947	2,975	201	172	1	287	4	83	3,228	574
9. 2000.....	6,110	599	5,511	3,819	898	64	2	364	20	95	3,326	582
10. 2001.....	6,605	693	5,912	3,526	521	64		355	4	88	3,420	639
11. 2002.....	8,293	293	8,000	3,096	2	31		308		39	3,434	598
12. Totals.....	XXX.....	XXX.....	XXX.....	37,534	4,259	2,875	81	3,223	62	1,150	39,231	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	2,334	976	(392)				8	0	49			1,024	587
2. 1993.....	15		102				111		4			231	1
3. 1994.....	2		4				22		4			31	1
4. 1995.....	23		11				21		5			59	2
5. 1996.....	14		21				30		9			75	2
6. 1997.....	43		14				14		10			81	2
7. 1998.....	62		1				2		2			67	1
8. 1999.....	56	5	47	41			6		7			70	2
9. 2000.....	172	56	85	64			12		42	1		190	7
10. 2001.....	211	18	162	61			23		104			421	16
11. 2002.....	848	1	400	8			48		233			1,520	86
12. Totals..	3,780	1,055	455	175	0	0	296	0	469	1	0	3,769	705

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	967	57
2. 1993.	4,990	233	4,757	57.5	25.5	61.2			19.00	117	114
3. 1994.	6,072	619	5,454	72.7	79.0	72.1			19.00	6	25
4. 1995.	4,330	177	4,153	56.8	25.4	60.0			19.00	33	26
5. 1996.	5,575	558	5,017	77.6	82.4	77.1			19.00	35	39
6. 1997.	3,885	261	3,625	56.5	43.8	57.7			19.00	56	24
7. 1998.	3,871	244	3,627	69.2	44.3	71.9			19.00	63	4
8. 1999.	3,550	251	3,298	64.6	45.7	66.7			19.00	57	13
9. 2000.	4,558	1,041	3,516	74.6	173.9	63.8			19.00	137	53
10. 2001.	4,445	604	3,841	67.3	87.2	65.0			19.00	294	127
11. 2002.	4,964	10	4,954	59.9	3.4	61.9			19.00	1,239	281
12. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	3,005	764

**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 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX								.0	XXX
2. 1993.....			.0								.0	
3. 1994.....			.0								.0	
4. 1995.....			.0								.0	
5. 1996.....			.0								.0	
6. 1997.....			.0								.0	
7. 1998.....			.0								.0	
8. 1999.....			.0								.0	
9. 2000.....			.0								.0	
10. 2001.....			.0								.0	
11. 2002.....			.0								.0	
12. Totals.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	1										.1		
2. 1993.....											.0		
3. 1994.....											.0		
4. 1995.....											.0		
5. 1996.....											.0		
6. 1997.....											.0		
7. 1998.....											.0		
8. 1999.....											.0		
9. 2000.....											.0		
10. 2001.....											.0		
11. 2002.....											.0		
12. Totals..	1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1	.0	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX	XXX	XXX	XXX	XXX	XXX			XXX	.1	.0
2. 1993.	.0	.0	.0	.0	.0	.0			19.00	.0	.0
3. 1994.	.0	.0	.0	.0	.0	.0			19.00	.0	.0
4. 1995.	.0	.0	.0	.0	.0	.0			19.00	.0	.0
5. 1996.	.0	.0	.0	.0	.0	.0			19.00	.0	.0
6. 1997.	.0	.0	.0	.0	.0	.0			19.00	.0	.0
7. 1998.	.0	.0	.0	.0	.0	.0			19.00	.0	.0
8. 1999.	.0	.0	.0	.0	.0	.0			19.00	.0	.0
9. 2000.	.0	.0	.0	.0	.0	.0			19.00	.0	.0
10. 2001.	.0	.0	.0	.0	.0	.0			19.00	.0	.0
11. 2002.	.0	.0	.0	.0	.0	.0			19.00	.0	.0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	.1	.0

**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 Number of Claims Reported-Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....								0	XXX.....
2. 1993.....			0								0	
3. 1994.....			0								0	
4. 1995.....			0								0	
5. 1996.....			0								0	
6. 1997.....			0								0	
7. 1998.....			0								0	
8. 1999.....			0								0	
9. 2000.....			0								0	
10. 2001.....			0								0	
11. 2002.....			0								0	
12. Totals.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....											0		
2. 1993.....											0		
3. 1994.....											0		
4. 1995.....											0		
5. 1996.....											0		
6. 1997.....											0		
7. 1998.....											0		
8. 1999.....											0		
9. 2000.....											0		
10. 2001.....											0		
11. 2002.....											0		
12. Totals..	0	0	0	0	0	0	0	0	0	0	0	0	0

**NONE**

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	0	0
2. 1993.	0	0	0	0.0	0.0	0.0				0	0
3. 1994.	0	0	0	0.0	0.0	0.0				0	0
4. 1995.	0	0	0	0.0	0.0	0.0				0	0
5. 1996.	0	0	0	0.0	0.0	0.0				0	0
6. 1997.	0	0	0	0.0	0.0	0.0				0	0
7. 1998.	0	0	0	0.0	0.0	0.0				0	0
8. 1999.	0	0	0	0.0	0.0	0.0				0	0
9. 2000.	0	0	0	0.0	0.0	0.0				0	0
10. 2001.	0	0	0	0.0	0.0	0.0				0	0
11. 2002.	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0

**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 Number of Claims Reported-Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0.....	.....	0.....	.....	.....	.....	.....	0.....	XXX.....
2. 1993.....	104.....	25.....	79.....	45.....	13.....	1.....	.....	4.....	.....	3.....	36.....	XXX.....
3. 1994.....	103.....	27.....	76.....	41.....	1.....	0.....	.....	4.....	.....	0.....	44.....	XXX.....
4. 1995.....	104.....	28.....	76.....	114.....	79.....	1.....	.....	4.....	.....	2.....	40.....	XXX.....
5. 1996.....	98.....	25.....	73.....	43.....	2.....	1.....	.....	8.....	.....	1.....	50.....	XXX.....
6. 1997.....	95.....	26.....	69.....	28.....	4.....	3.....	.....	4.....	.....	0.....	31.....	XXX.....
7. 1998.....	113.....	42.....	71.....	39.....	7.....	.....	.....	6.....	.....	0.....	39.....	XXX.....
8. 1999.....	122.....	53.....	70.....	36.....	6.....	.....	.....	4.....	.....	0.....	34.....	XXX.....
9. 2000.....	149.....	80.....	68.....	39.....	6.....	.....	.....	5.....	.....	0.....	38.....	XXX.....
10. 2001.....	170.....	103.....	67.....	26.....	3.....	.....	.....	4.....	.....	0.....	27.....	XXX.....
11. 2002.....	203.....	137.....	66.....	56.....	23.....	.....	.....	5.....	.....	0.....	38.....	XXX.....
12. Totals.....	XXX.....	XXX.....	XXX.....	468.....	144.....	5.....	0.....	48.....	0.....	8.....	378.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	2.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2.....	.....	
2. 1993.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0.....	.....	
3. 1994.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0.....	.....	
4. 1995.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0.....	.....	
5. 1996.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0.....	.....	
6. 1997.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0.....	.....	
7. 1998.....	.....	.....	.....	.....	.....	0.....	.....	.....	.....	.....	0.....	.....	
8. 1999.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0.....	.....	
9. 2000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0.....	.....	
10. 2001.....	2.....	.....	.....	.....	.....	.....	.....	1.....	.....	.....	3.....	0.....	
11. 2002.....	12.....	10.....	5.....	.....	.....	.....	.....	2.....	.....	.....	8.....	2.....	
12. Totals.....	16.....	10.....	5.....	0.....	0.....	0.....	0.....	2.....	0.....	0.....	12.....	2.....	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	2.....	0.....
2. 1993.....	50.....	13.....	36.....	47.9.....	53.8.....	46.1.....	.....	.....	19.00.....	0.....	0.....
3. 1994.....	45.....	1.....	44.....	44.2.....	3.8.....	58.7.....	.....	.....	19.00.....	0.....	0.....
4. 1995.....	119.....	79.....	40.....	114.5.....	283.4.....	53.0.....	.....	.....	19.00.....	0.....	0.....
5. 1996.....	52.....	2.....	50.....	53.3.....	8.0.....	68.6.....	.....	.....	19.00.....	0.....	0.....
6. 1997.....	35.....	4.....	31.....	37.0.....	14.5.....	45.3.....	.....	.....	19.00.....	0.....	0.....
7. 1998.....	45.....	7.....	39.....	40.1.....	15.5.....	54.6.....	.....	.....	19.00.....	0.....	0.....
8. 1999.....	41.....	6.....	34.....	33.2.....	12.3.....	49.0.....	.....	.....	19.00.....	0.....	0.....
9. 2000.....	44.....	6.....	38.....	29.3.....	7.2.....	55.1.....	.....	.....	19.00.....	0.....	0.....
10. 2001.....	33.....	3.....	30.....	19.2.....	3.0.....	44.2.....	.....	.....	19.00.....	2.....	1.....
11. 2002.....	80.....	34.....	46.....	39.3.....	24.7.....	69.8.....	.....	.....	19.00.....	6.....	2.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	10.....	2.....

**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 Number of Claims Reported-Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	50	(41)	8	(21)	1		0	121	XXX.....
2. 1993.....	10,010	5,761	4,250	7,486	5,052	546	13	127	1	28	3,092	393
3. 1994.....	8,566	4,408	4,159	6,899	4,615	534	3	147	5	12	2,956	418
4. 1995.....	6,979	3,425	3,555	5,809	3,980	487		106		16	2,422	333
5. 1996.....	5,960	2,728	3,232	5,095	3,721	358	9	109	6	3	1,826	327
6. 1997.....	4,374	1,781	2,593	3,823	2,892	203		120		4	1,255	258
7. 1998.....	2,528	(536)	3,064	2,290	1,435	215		143	1	17	1,212	284
8. 1999.....	4,599	1,625	2,974	1,551	683	205	3	94		5	1,163	245
9. 2000.....	4,402	1,030	3,372	826	250	140		100		1	816	259
10. 2001.....	4,803	622	4,180	481	21	59		103	2	2	620	272
11. 2002.....	5,830	778	5,052	217		15		86		1	318	240
12. Totals.....	XXX.....	XXX.....	XXX.....	34,527	22,608	2,770	7	1,135	15	89	15,800	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	183		659				39	0	6			887	3
2. 1993.....			30				14					44	
3. 1994.....	75		25				20		3			123	1
4. 1995.....	157	30	34				20		3			184	1
5. 1996.....	18		54				19		5			96	1
6. 1997.....	57		62				45		12			176	4
7. 1998.....	280	76	61	1			37		22			323	4
8. 1999.....	75	0	105	35			76		38			259	11
9. 2000.....	186	0	263	105			199		90			633	18
10. 2001.....	275	0	832	74			382		159			1,574	24
11. 2002.....	301		1,287	63			603		266			2,394	48
12. Totals..	1,607	106	3,413	278	0	0	1,452	0	605	0	0	6,692	115

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	842	45
2. 1993.	8,202	5,066	3,136	81.9	87.9	73.8			19.00	30	14
3. 1994.	7,703	4,624	3,079	89.9	104.9	74.0			19.00	100	23
4. 1995.	6,616	4,010	2,606	94.8	117.1	73.3			19.00	162	22
5. 1996.	5,658	3,737	1,921	94.9	137.0	59.4			19.00	72	24
6. 1997.	4,322	2,892	1,430	98.8	162.3	55.2			19.00	119	57
7. 1998.	3,048	1,512	1,536	120.6	(282.3)	50.1			19.00	264	59
8. 1999.	2,144	721	1,422	46.6	44.4	47.8			19.00	145	114
9. 2000.	1,803	355	1,448	41.0	34.5	43.0			19.00	344	289
10. 2001.	2,291	97	2,194	47.7	15.6	52.5			19.00	1,033	541
11. 2002.	2,775	63	2,712	47.6	8.1	53.7			19.00	1,526	869
12. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	4,635	2,057

**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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	(2).....		(0).....					(2).....	XXX.....
2. 1993.....	56.....		56.....	11.....		6.....					17.....	
3. 1994.....	45.....		45.....	3.....		1.....					5.....	
4. 1995.....	32.....		32.....	10.....		4.....					14.....	
5. 1996.....	34.....		34.....	29.....		10.....					39.....	
6. 1997.....	39.....		39.....	12.....		2.....					14.....	
7. 1998.....	30.....		30.....	10.....		4.....					14.....	
8. 1999.....	32.....		32.....	11.....		7.....					18.....	
9. 2000.....	34.....		34.....	29.....		4.....					33.....	
10. 2001.....	32.....		32.....	12.....		8.....					20.....	
11. 2002.....	44.....		44.....	8.....		5.....					13.....	
12. Totals.....	XXX.....	XXX.....	XXX.....	133.....	0.....	52.....	0.....	0.....	0.....	0.....	185.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....											0.....		
2. 1993.....											0.....		
3. 1994.....											0.....		
4. 1995.....											0.....		
5. 1996.....											0.....		
6. 1997.....											0.....		
7. 1998.....											0.....		
8. 1999.....											0.....		
9. 2000.....											0.....		
10. 2001.....											0.....		
11. 2002.....											0.....		
12. Totals..	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	0.....	0.....
2. 1993..	17.....	0.....	17.....	30.2.....	0.0.....	30.2.....			19.00.....	0.....	0.....
3. 1994..	5.....	0.....	5.....	10.3.....	0.0.....	10.3.....			19.00.....	0.....	0.....
4. 1995..	14.....	0.....	14.....	44.5.....	0.0.....	44.5.....			19.00.....	0.....	0.....
5. 1996..	39.....	0.....	39.....	113.9.....	0.0.....	113.9.....			19.00.....	0.....	0.....
6. 1997..	14.....	0.....	14.....	36.4.....	0.0.....	36.4.....			19.00.....	0.....	0.....
7. 1998..	14.....	0.....	14.....	46.5.....	0.0.....	46.5.....			19.00.....	0.....	0.....
8. 1999..	18.....	0.....	18.....	56.4.....	0.0.....	56.4.....			19.00.....	0.....	0.....
9. 2000..	33.....	0.....	33.....	97.9.....	0.0.....	97.9.....			19.00.....	0.....	0.....
10. 2001..	20.....	0.....	20.....	61.2.....	0.0.....	61.2.....			19.00.....	0.....	0.....
11. 2002..	13.....	0.....	13.....	30.0.....	0.0.....	30.0.....			19.00.....	0.....	0.....
12. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....

**SCHEDULE P - PART 11 - 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 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	(26)	70	.2	.4	.4	.1	.33	(90)	XXX.....
2. 2001.....	2,977	267	2,710	1,165	39	.7	.113	.1	.35	1,245	XXX.....	
3. 2002.....	3,405	101	3,304	993		.4	.108		.19	1,105	XXX.....	
4. Totals.....	XXX.....	XXX.....	XXX.....	2,132	109	.14	.0	.225	.1	.87	2,260	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	11	1					.0		.1		.10	.1	
2. 2001.....	.50	1	.7				.1		.4		.61	.2	
3. 2002.....	238		102				.3		.35		.378	.32	
4. Totals..	299	2	109	.0	.0	.0	.4	.0	.39	.0	.449	.34	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	.9	.1
2. 2001	1,347	.41	1,306	45.2	15.2	48.2			19.00	.56	.5
3. 2002	1,483	.0	1,483	43.5	0.0	44.9			19.00	.340	.38
4. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.0	.0	XXX.....	.406	.44

**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 Number of Claims Reported-Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....(104).....	.....7.....	.....18.....	.....0.....	.....15.....	.....0.....	.....131.....	.....(77).....	.....XXX.....
2. 2001.....	.....15,637.....	.....447.....	.....15,190.....	.....9,909.....	.....320.....	.....12.....	.....	.....1,930.....	.....6.....	.....1,053.....	.....11,525.....	.....7,609.....
3. 2002.....	.....18,325.....	.....181.....	.....18,144.....	.....10,791.....	.....10.....	.....8.....	.....	.....1,960.....	.....	.....634.....	.....12,749.....	.....7,578.....
4. Totals.....	.....XXX.....	.....XXX.....	.....XXX.....	.....20,597.....	.....336.....	.....38.....	.....0.....	.....3,905.....	.....6.....	.....1,818.....	.....24,197.....	.....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded						
1. Prior...	.....43.....	.....11.....	.....3.....	.....	.....	.....	.....	.....2.....	.....	.....	.....15.....	.....	.....51.....	.....10.....
2. 2001..	.....18.....	.....3.....	.....12.....	.....6.....	.....	.....	.....	.....1.....	.....	.....	.....22.....	.....	.....44.....	.....13.....
3. 2002..	.....984.....	.....2.....	.....253.....	.....	.....	.....	.....	.....3.....	.....	.....	.....190.....	.....	.....1,428.....	.....408.....
4. Totals.	.....1,044.....	.....16.....	.....267.....	.....6.....	.....0.....	.....0.....	.....	.....7.....	.....	.....	.....226.....	.....0.....	.....1,522.....	.....431.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....34.....	.....17.....
2. 2001	.....11,903.....	.....335.....	.....11,568.....	.....76.1.....	.....74.8.....	.....76.2.....	.....	.....	.....19.00.....	.....21.....	.....23.....
3. 2002	.....14,189.....	.....12.....	.....14,177.....	.....77.4.....	.....6.6.....	.....78.1.....	.....	.....	.....19.00.....	.....1,235.....	.....193.....
4. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....XXX.....	.....1,289.....	.....233.....

**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 Number of Claims Reported-Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	2.....					0.....		1.....	3.....	XXX.....
2. 2001.....	152.....	3.....	149.....	36.....		0.....			3.....		6.....	39.....	XXX.....
3. 2002.....	201.....	8.....	192.....	10.....					1.....			10.....	XXX.....
4. Totals.....	XXX.....	XXX.....	XXX.....	48.....	0.....	0.....	0.....		4.....	0.....	7.....	52.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	25.....	1.....	28.....						1.....			54.....	2.....
2. 2001.....	4.....		8.....						0.....			13.....	1.....
3. 2002.....	1.....		1.....			0.....			7.....			9.....	1.....
4. Totals.....	30.....	1.....	37.....	0.....	0.....	0.....	0.....		8.....	0.....	0.....	75.....	3.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	52.....	1.....
2. 2001.....	52.....	0.....	52.....	33.9.....	0.0.....	34.7.....			19.00.....	12.....	0.....
3. 2002.....	19.....	0.....	19.....	9.6.....	0.0.....	10.0.....			19.00.....	2.....	7.....
4. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	67.....	8.....

**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 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	(0).....	4.....	.....	.....	.....	.....	.....	(4).....	XXX.....
2. 2001.....	22.....	0.....	22.....	27.....	.....	.....	.....	.....	0.....	.....	27.....	XXX.....
3. 2002.....	20.....	0.....	20.....	20.....	.....	.....	.....	.....	0.....	.....	20.....	XXX.....
4. Totals.....	XXX.....	XXX.....	XXX.....	46.....	4.....	0.....	0.....	0.....	0.....	0.....	42.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0.....	.....
2. 2001.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0.....	.....
3. 2002.....	.....	.....	8.....	.....	.....	.....	.....	.....	.....	.....	.....	8.....	.....
4. Totals.....	0.....	0.....	8.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	8.....	0.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 2001.....	27.....	0.....	27.....	122.6.....	0.0.....	122.9.....	.....	.....	19.00.....	0.....	0.....
3. 2002.....	28.....	0.....	28.....	135.4.....	0.0.....	136.1.....	.....	.....	19.00.....	8.....	0.....
4. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	8.....	0.....

**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 Number of Claims Reported-Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX								0	XXX
2. 1993.....			0								0	XXX
3. 1994.....			0								0	XXX
4. 1995.....			0								0	XXX
5. 1996.....			0								0	XXX
6. 1997.....			0								0	XXX
7. 1998.....			0								0	XXX
8. 1999.....			0								0	XXX
9. 2000.....			0								0	XXX
10. 2001.....			0								0	XXX
11. 2002.....			0								0	XXX
12. Totals.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....											0		
2. 1993.....											0		
3. 1994.....											0		
4. 1995.....											0		
5. 1996.....											0		
6. 1997.....											0		
7. 1998.....											0		
8. 1999.....											0		
9. 2000.....											0		
10. 2001.....											0		
11. 2002.....											0		
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 1993.....	0	0	0	0.0	0.0	0.0				0	0
3. 1994.....	0	0	0	0.0	0.0	0.0				0	0
4. 1995.....	0	0	0	0.0	0.0	0.0				0	0
5. 1996.....	0	0	0	0.0	0.0	0.0				0	0
6. 1997.....	0	0	0	0.0	0.0	0.0				0	0
7. 1998.....	0	0	0	0.0	0.0	0.0				0	0
8. 1999.....	0	0	0	0.0	0.0	0.0				0	0
9. 2000.....	0	0	0	0.0	0.0	0.0				0	0
10. 2001.....	0	0	0	0.0	0.0	0.0				0	0
11. 2002.....	0	0	0	0.0	0.0	0.0				0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

**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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	82.....	53.....	7.....					36.....	XXX.....
2. 1993.....	1,148.....	363.....	785.....	726.....	138.....	8.....					596.....	XXX.....
3. 1994.....	771.....	54.....	717.....	308.....		18.....					326.....	XXX.....
4. 1995.....	519.....	21.....	498.....	272.....		16.....					288.....	XXX.....
5. 1996.....	507.....	70.....	437.....	417.....		27.....					443.....	XXX.....
6. 1997.....	440.....	2.....	438.....	306.....		26.....					331.....	XXX.....
7. 1998.....	518.....	(2).....	520.....	570.....		22.....		0.....			593.....	XXX.....
8. 1999.....	582.....	0.....	582.....	499.....		33.....					533.....	XXX.....
9. 2000.....	497.....	(1).....	498.....	806.....		12.....					817.....	XXX.....
10. 2001.....	1,102.....	3.....	1,099.....	684.....		10.....					694.....	XXX.....
11. 2002.....	1,071.....	(1).....	1,073.....	241.....		5.....					246.....	XXX.....
12. Totals.....	XXX.....	XXX.....	XXX.....	4,912.....	191.....	183.....	0.....	0.....	0.....	0.....	4,903.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	599.....	437.....	1,742.....	1,536.....			13.....				381.....	XXX.....	
2. 1993.....	3.....										3.....	XXX.....	
3. 1994.....	2.....						0.....				3.....	XXX.....	
4. 1995.....	7.....						0.....				7.....	XXX.....	
5. 1996.....	18.....						1.....				20.....	XXX.....	
6. 1997.....	71.....	2.....					5.....				78.....	XXX.....	
7. 1998.....	60.....	4.....					4.....				68.....	XXX.....	
8. 1999.....	88.....	6.....					6.....				100.....	XXX.....	
9. 2000.....	115.....	10.....					8.....				132.....	XXX.....	
10. 2001.....	720.....	228.....					49.....				997.....	XXX.....	
11. 2002.....	464.....	453.....					32.....				950.....	XXX.....	
12. Totals.....	2,147.....	437.....	2,444.....	1,536.....	0.....	0.....	119.....	0.....	0.....	0.....	2,738.....	XXX.....	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	368.....	13.....
2. 1993.....	737.....	138.....	599.....	64.2.....	38.1.....	76.3.....			19.00.....	3.....	0.....
3. 1994.....	328.....	0.....	328.....	42.6.....	0.0.....	45.8.....			19.00.....	2.....	0.....
4. 1995.....	295.....	0.....	295.....	56.9.....	0.0.....	59.3.....			19.00.....	7.....	0.....
5. 1996.....	463.....	0.....	463.....	91.3.....	0.0.....	106.0.....			19.00.....	18.....	1.....
6. 1997.....	409.....	0.....	409.....	92.9.....	0.0.....	93.4.....			19.00.....	73.....	5.....
7. 1998.....	661.....	0.....	661.....	127.7.....	0.0.....	127.2.....			19.00.....	64.....	4.....
8. 1999.....	633.....	0.....	633.....	108.7.....	0.0.....	108.8.....			19.00.....	94.....	6.....
9. 2000.....	949.....	0.....	949.....	191.0.....	0.0.....	190.6.....			19.00.....	124.....	8.....
10. 2001.....	1,691.....	0.....	1,691.....	153.5.....	0.0.....	153.9.....			19.00.....	948.....	49.....
11. 2002.....	1,196.....	0.....	1,196.....	111.7.....	0.0.....	111.5.....			19.00.....	918.....	32.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	2,619.....	119.....

**SCHEDULE P - PART 10 - REINSURANCE**

NONPROPORTIONAL ASSUMED LIABILITY (\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	35.....	.....	20.....	.....	.....	.....	.....	55.....	XXX.....
2. 1993.....	673.....	.....	673.....	1,211.....	.....	23.....	.....	.....	.....	.....	1,234.....	XXX.....
3. 1994.....	451.....	.....	451.....	291.....	.....	20.....	.....	.....	.....	.....	312.....	XXX.....
4. 1995.....	493.....	.....	493.....	310.....	.....	56.....	.....	.....	.....	.....	366.....	XXX.....
5. 1996.....	438.....	.....	438.....	285.....	.....	61.....	.....	.....	.....	.....	345.....	XXX.....
6. 1997.....	410.....	.....	410.....	271.....	.....	40.....	.....	.....	.....	.....	310.....	XXX.....
7. 1998.....	493.....	.....	493.....	321.....	.....	52.....	.....	.....	.....	.....	373.....	XXX.....
8. 1999.....	541.....	.....	541.....	321.....	.....	46.....	.....	.....	.....	.....	367.....	XXX.....
9. 2000.....	489.....	.....	489.....	231.....	.....	4.....	.....	.....	.....	.....	235.....	XXX.....
10. 2001.....	1,112.....	.....	1,112.....	18.....	.....	0.....	.....	.....	.....	.....	18.....	XXX.....
11. 2002.....	935.....	.....	935.....	.....	.....	.....	.....	.....	.....	.....	0.....	XXX.....
12. Totals.....	XXX.....	XXX.....	XXX.....	3,294.....	0.....	322.....	0.....	0.....	0.....	0.....	3,617.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	75.....	.....	205.....	.....	.....	.....	.....	5.....	.....	.....	.....	285.....	XXX.....
2. 1993.....	3.....	.....	58.....	.....	.....	.....	.....	0.....	.....	.....	.....	61.....	XXX.....
3. 1994.....	20.....	.....	73.....	.....	.....	.....	.....	1.....	.....	.....	.....	94.....	XXX.....
4. 1995.....	19.....	.....	113.....	.....	.....	.....	.....	1.....	.....	.....	.....	133.....	XXX.....
5. 1996.....	36.....	.....	133.....	.....	.....	.....	.....	3.....	.....	.....	.....	172.....	XXX.....
6. 1997.....	55.....	.....	152.....	.....	.....	.....	.....	4.....	.....	.....	.....	211.....	XXX.....
7. 1998.....	47.....	.....	190.....	.....	.....	.....	.....	3.....	.....	.....	.....	240.....	XXX.....
8. 1999.....	77.....	.....	209.....	.....	.....	.....	.....	5.....	.....	.....	.....	291.....	XXX.....
9. 2000.....	115.....	.....	193.....	.....	.....	.....	.....	8.....	.....	.....	.....	316.....	XXX.....
10. 2001.....	85.....	.....	64.....	.....	.....	.....	.....	1.....	.....	.....	.....	150.....	XXX.....
11. 2002.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0.....	XXX.....
12. Totals.....	530.....	0.....	1,390.....	0.....	0.....	32.....	0.....	0.....	0.....	0.....	0.....	1,952.....	XXX.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	280.....	5.....
2. 1993.....	1,296.....	0.....	1,296.....	192.6.....	0.0.....	192.6.....	.....	.....	19.00.....	61.....	0.....
3. 1994.....	406.....	0.....	406.....	90.1.....	0.0.....	90.1.....	.....	.....	19.00.....	93.....	1.....
4. 1995.....	499.....	0.....	499.....	101.2.....	0.0.....	101.2.....	.....	.....	19.00.....	132.....	1.....
5. 1996.....	517.....	0.....	517.....	118.1.....	0.0.....	118.1.....	.....	.....	19.00.....	169.....	3.....
6. 1997.....	521.....	0.....	521.....	127.2.....	0.0.....	127.2.....	.....	.....	19.00.....	207.....	4.....
7. 1998.....	613.....	0.....	613.....	124.4.....	0.0.....	124.4.....	.....	.....	19.00.....	236.....	3.....
8. 1999.....	658.....	0.....	658.....	121.6.....	0.0.....	121.6.....	.....	.....	19.00.....	286.....	5.....
9. 2000.....	550.....	0.....	550.....	112.5.....	0.0.....	112.5.....	.....	.....	19.00.....	308.....	8.....
10. 2001.....	169.....	0.....	169.....	15.2.....	0.0.....	15.2.....	.....	.....	19.00.....	149.....	1.....
11. 2002.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	.....	.....	19.00.....	0.....	0.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	1,920.....	32.....

**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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....								0	XXX.....
2. 1993.....			0								0	XXX.....
3. 1994.....			0								0	XXX.....
4. 1995.....			0								0	XXX.....
5. 1996.....			0								0	XXX.....
6. 1997.....			0								0	XXX.....
7. 1998.....			0								0	XXX.....
8. 1999.....			0								0	XXX.....
9. 2000.....			0								0	XXX.....
10. 2001.....			0								0	XXX.....
11. 2002.....			0								0	XXX.....
12. Totals.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....											0	XXX.....	
2. 1993.....											0	XXX.....	
3. 1994.....											0	XXX.....	
4. 1995.....											0	XXX.....	
5. 1996.....											0	XXX.....	
6. 1997.....											0	XXX.....	
7. 1998.....											0	XXX.....	
8. 1999.....											0	XXX.....	
9. 2000.....											0	XXX.....	
10. 2001.....											0	XXX.....	
11. 2002.....											0	XXX.....	
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	XXX.....	

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	0	0
2. 1993.....	0	0	0	0.0	0.0	0.0				0	0
3. 1994.....	0	0	0	0.0	0.0	0.0				0	0
4. 1995.....	0	0	0	0.0	0.0	0.0				0	0
5. 1996.....	0	0	0	0.0	0.0	0.0				0	0
6. 1997.....	0	0	0	0.0	0.0	0.0				0	0
7. 1998.....	0	0	0	0.0	0.0	0.0				0	0
8. 1999.....	0	0	0	0.0	0.0	0.0				0	0
9. 2000.....	0	0	0	0.0	0.0	0.0				0	0
10. 2001.....	0	0	0	0.0	0.0	0.0				0	0
11. 2002.....	0	0	0	0.0	0.0	0.0				0	0
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0

**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 Number of Claims Reported-Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	14.....	5.....	1.....		4.....			14.....	XXX.....
2. 1993.....	273.....	52.....	221.....	76.....		50.....		12.....			139.....	16.....
3. 1994.....	267.....	22.....	245.....	95.....		43.....		9.....			147.....	15.....
4. 1995.....	240.....	20.....	219.....	26.....		13.....		13.....		0.....	52.....	16.....
5. 1996.....	234.....	18.....	216.....	24.....		13.....		5.....		0.....	42.....	17.....
6. 1997.....	224.....	16.....	208.....	41.....		50.....		8.....		0.....	100.....	10.....
7. 1998.....	302.....	17.....	285.....	64.....		72.....		11.....	0.....	0.....	147.....	24.....
8. 1999.....	302.....	18.....	284.....	35.....		18.....		11.....			63.....	19.....
9. 2000.....	333.....	16.....	317.....	124.....		55.....		16.....		0.....	194.....	13.....
10. 2001.....	378.....	9.....	369.....	44.....		11.....		8.....			63.....	13.....
11. 2002.....	447.....	13.....	434.....	17.....		1.....		8.....			26.....	11.....
12. Totals.....	XXX.....	XXX.....	XXX.....	561.....	5.....	326.....	0.....	105.....	0.....	1.....	988.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	23.....		100.....					0.....		7.....		130.....	0.....
2. 1993.....			222.....					93.....				315.....	
3. 1994.....	2.....		123.....					23.....		6.....		155.....	0.....
4. 1995.....	8.....		11.....					3.....		6.....		28.....	0.....
5. 1996.....	4.....		11.....					4.....		4.....		22.....	0.....
6. 1997.....	3.....		3.....					2.....		6.....		14.....	0.....
7. 1998.....	9.....		2.....					2.....		8.....		21.....	0.....
8. 1999.....	109.....		110.....	16.....				54.....		32.....		289.....	0.....
9. 2000.....	134.....		193.....	74.....				73.....		44.....		370.....	0.....
10. 2001.....	22.....		74.....	5.....				54.....		31.....		176.....	0.....
11. 2002.....	45.....		113.....	4.....				120.....		54.....		328.....	0.....
12. Totals.....	359.....	0.....	962.....	99.....	0.....	0.....	428.....	0.....	199.....	0.....	0.....	1,848.....	0.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	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		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	123.....	7.....
2. 1993.....	454.....	0.....	454.....	166.0.....	0.0.....	205.2.....			19.00.....	222.....	93.....
3. 1994.....	302.....	0.....	302.....	113.1.....	0.0.....	123.1.....			19.00.....	125.....	30.....
4. 1995.....	80.....	0.....	80.....	33.5.....	0.0.....	36.7.....			19.00.....	20.....	9.....
5. 1996.....	64.....	0.....	64.....	27.3.....	0.0.....	29.6.....			19.00.....	14.....	8.....
6. 1997.....	114.....	0.....	114.....	50.8.....	0.0.....	54.7.....			19.00.....	5.....	8.....
7. 1998.....	168.....	0.....	168.....	55.6.....	0.2.....	58.9.....			19.00.....	11.....	10.....
8. 1999.....	368.....	16.....	352.....	121.9.....	89.7.....	123.9.....			19.00.....	203.....	86.....
9. 2000.....	639.....	74.....	565.....	191.8.....	453.3.....	178.3.....			19.00.....	253.....	117.....
10. 2001.....	244.....	5.....	239.....	64.5.....	53.6.....	64.8.....			19.00.....	92.....	85.....
11. 2002.....	358.....	4.....	354.....	80.2.....	32.3.....	81.6.....			19.00.....	154.....	174.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	1,222.....	627.....

**Sch. P-Pt. 1R-Sn. 2**  
**NONE**

**Sch. P-Pt. 1S**  
**NONE**

**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	2	3	4	5	6	7	8	9	10	11	12
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	One Year	Two Year
1. Prior.....	607	712	676	667	723	732	738	745	749	731	(18)	(14)
2. 1993.....	4,313	4,231	4,179	4,176	4,160	4,138	4,133	4,128	4,145	4,142	(4)	13
3. 1994.....	XXX	4,878	4,861	4,911	4,898	4,902	4,902	4,901	4,901	4,924	23	23
4. 1995.....	XXX	XXX	4,354	4,508	4,516	4,526	4,495	4,479	4,478	4,480	2	1
5. 1996.....	XXX	XXX	XXX	6,458	6,643	6,599	6,514	6,514	6,478	6,484	6	(30)
6. 1997.....	XXX	XXX	XXX	XXX	4,801	4,684	4,711	4,705	4,709	4,700	(8)	(4)
7. 1998.....	XXX	XXX	XXX	XXX	XXX	5,478	5,091	5,063	5,147	5,127	(20)	63
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	6,122	5,874	5,875	5,862	(13)	(13)
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,550	6,300	6,292	(7)	(257)
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,287	7,147	(139)	XXX
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,274	XXX	XXX
12. Totals											(180)	(218)

**SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior.....	11,054	11,447	12,257	12,268	12,079	11,829	11,675	11,571	11,535	11,602	67	31
2. 1993.....	13,250	13,098	13,236	13,468	13,337	13,276	13,150	13,108	13,069	13,058	(11)	(51)
3. 1994.....	XXX	13,146	12,528	12,415	12,005	11,721	11,633	11,654	11,646	11,626	(21)	(28)
4. 1995.....	XXX	XXX	13,706	13,167	12,277	11,843	11,493	11,446	11,392	11,429	37	(18)
5. 1996.....	XXX	XXX	XXX	12,452	11,689	10,955	10,293	10,153	10,072	10,079	7	(73)
6. 1997.....	XXX	XXX	XXX	XXX	12,116	10,963	9,952	9,775	9,784	9,761	(22)	(14)
7. 1998.....	XXX	XXX	XXX	XXX	XXX	10,982	9,655	9,199	9,166	9,148	(18)	(51)
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	10,302	8,987	8,961	9,073	112	86
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,701	8,790	8,689	(101)	(1,012)
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,497	9,900	(597)	XXX
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,207	XXX	XXX
12. Totals											(548)	(1,130)

**SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior.....	12,612	13,301	14,005	13,782	13,659	13,540	13,528	13,352	13,445	13,541	96	189
2. 1993.....	9,446	9,270	9,295	9,464	9,503	9,387	9,352	9,365	9,370	9,368	(2)	3
3. 1994.....	XXX	9,004	8,905	9,062	8,963	9,011	9,037	9,054	8,998	9,003	4	(52)
4. 1995.....	XXX	XXX	7,304	7,071	7,433	7,471	7,439	7,567	7,347	7,297	(50)	(270)
5. 1996.....	XXX	XXX	XXX	7,363	7,037	7,269	7,332	7,251	7,299	7,512	212	261
6. 1997.....	XXX	XXX	XXX	XXX	6,037	5,836	5,767	5,781	5,811	6,002	191	221
7. 1998.....	XXX	XXX	XXX	XXX	XXX	5,404	4,306	4,263	4,377	4,396	19	132
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	4,404	4,220	4,516	4,470	(46)	250
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,888	4,863	4,959	96	71
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,002	5,086	84	XXX
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,700	XXX	XXX
12. Totals											605	805

**SCHEDULE P - PART 2D - WORKERS' COMPENSATION**

1. Prior.....	18,146	16,726	16,095	16,099	16,137	16,432	16,154	16,226	16,360	17,386	1,026	1,159
2. 1993.....	6,395	6,023	5,653	5,596	5,545	5,566	5,519	5,469	5,517	5,540	24	71
3. 1994.....	XXX	4,787	4,036	3,906	3,869	3,870	3,900	3,864	3,886	3,873	(13)	8
4. 1995.....	XXX	XXX	2,348	1,942	1,865	1,817	1,835	1,849	1,872	1,864	(8)	14
5. 1996.....	XXX	XXX	XXX	1,641	1,472	1,440	1,465	1,471	1,468	1,481	13	10
6. 1997.....	XXX	XXX	XXX	XXX	1,320	1,258	1,223	1,255	1,244	1,260	16	5
7. 1998.....	XXX	XXX	XXX	XXX	XXX	952	1,032	1,026	970	963	(7)	(63)
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	1,426	1,376	1,352	1,360	8	(16)
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,259	1,286	1,281	(5)	22
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,977	2,174	197	XXX
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,027	XXX	XXX
12. Totals											1,251	1,212

**SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....	3,397	3,883	4,062	3,517	3,734	3,776	3,823	3,893	3,685	4,257	572	363
2. 1993.....	4,341	4,169	4,093	4,179	4,167	4,281	4,254	4,256	4,267	4,443	176	187
3. 1994.....	XXX	5,097	5,154	5,401	5,266	5,247	5,233	5,185	5,180	5,127	(53)	(59)
4. 1995.....	XXX	XXX	3,995	4,075	3,939	3,873	3,867	3,865	3,852	3,851	(1)	(14)
5. 1996.....	XXX	XXX	XXX	4,780	4,824	4,769	4,771	4,701	4,665	4,645	(19)	(56)
6. 1997.....	XXX	XXX	XXX	XXX	3,791	3,628	3,527	3,414	3,334	3,347	14	(67)
7. 1998.....	XXX	XXX	XXX	XXX	XXX	3,041	3,175	3,310	3,321	3,335	14	25
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	3,002	2,945	2,984	3,008	24	63
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,120	3,108	3,131	23	10
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,461	3,386	(75)	XXX
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,412	XXX	XXX
12. Totals											675	454

**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	2	3	4	5	6	7	8	9	10	11	12
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	One Year	Two Year
1. Prior....	4	4	4	4	3	3	3	3	3	3	1	0
2. 1993....											0	0
3. 1994....	XXX										0	0
4. 1995....	XXX	XXX									0	0
5. 1996....	XXX	XXX	XXX								0	0
6. 1997....	XXX	XXX	XXX	XXX							0	0
7. 1998....	XXX	XXX	XXX	XXX	XXX						0	0
8. 1999....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2000....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2001....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2002....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											1	0

**SCHEDULE P - PART 2F - SECTION 2 - MEDICAL MALPRACTICE - CLAIMS-MADE**

1. Prior....											0	0
2. 1993....											0	0
3. 1994....	XXX										0	0
4. 1995....	XXX	XXX									0	0
5. 1996....	XXX	XXX	XXX								0	0
6. 1997....	XXX	XXX	XXX	XXX							0	0
7. 1998....	XXX	XXX	XXX	XXX	XXX						0	0
8. 1999....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2000....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2001....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2002....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

**SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER & MACHINERY)**

1. Prior....	18	16	16	15	16	16	15	15	16	16	0	0
2. 1993....	32	33	33	32	32	32	32	33	33	33	0	0
3. 1994....	XXX	43	40	40	40	40	40	40	40	40	0	0
4. 1995....	XXX	XXX	36	36	36	36	36	36	36	36	0	0
5. 1996....	XXX	XXX	XXX	38	41	42	42	42	42	42	0	0
6. 1997....	XXX	XXX	XXX	XXX	25	25	29	27	27	27	(0)	0
7. 1998....	XXX	XXX	XXX	XXX	XXX	34	32	33	33	33	0	0
8. 1999....	XXX	XXX	XXX	XXX	XXX	XXX	32	30	30	30	0	(0)
9. 2000....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	34	33	(1)	4
10. 2001....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	25	(2)	XXX
11. 2002....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	XXX	XXX
12. Totals											(3)	4

**SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior....	2,315	2,752	2,128	2,514	2,522	2,861	2,955	3,015	3,096	3,931	835	916
2. 1993....	3,064	3,272	2,901	3,010	3,124	3,267	3,060	3,021	3,048	3,010	(37)	(11)
3. 1994....	XXX	3,120	2,903	3,149	3,175	3,137	3,024	2,930	2,961	2,933	(28)	3
4. 1995....	XXX	XXX	2,430	2,526	2,584	2,659	2,516	2,471	2,409	2,497	88	26
5. 1996....	XXX	XXX	XXX	2,171	2,159	2,066	2,054	1,877	1,879	1,814	(65)	(63)
6. 1997....	XXX	XXX	XXX	XXX	1,433	1,311	1,376	1,376	1,332	1,298	(34)	(79)
7. 1998....	XXX	XXX	XXX	XXX	XXX	1,888	1,734	1,411	1,290	1,371	81	(40)
8. 1999....	XXX	XXX	XXX	XXX	XXX	XXX	1,895	1,510	1,265	1,290	25	(220)
9. 2000....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,652	1,470	1,259	(211)	(393)
10. 2001....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,954	1,934	(20)	XXX
11. 2002....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,360	XXX	XXX
12. Totals											634	141

**SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior....		(15)	(26)	(39)	(52)	(47)	(56)	(55)	(53)	(55)	(2)	(0)
2. 1993....	35	33	32	32	32	26	18	17	17	17	0	0
3. 1994....	XXX	9	19	19	19	10	5	5	5	5	(0)	(0)
4. 1995....	XXX	XXX	9	20	20	20	20	16	15	14	(1)	(2)
5. 1996....	XXX	XXX	XXX	10	21	21	21	43	40	39	(1)	(4)
6. 1997....	XXX	XXX	XXX	XXX	12	24	27	25	14	14	(0)	(11)
7. 1998....	XXX	XXX	XXX	XXX	XXX	6	22	23	19	14	(5)	(9)
8. 1999....	XXX	XXX	XXX	XXX	XXX	XXX	5	20	21	18	(3)	(2)
9. 2000....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	19	33	14	28
10. 2001....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	20	14	XXX
11. 2002....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	XXX	XXX
12. Totals											16	(0)

**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	2	3	4	5	6	7	8	9	10	11	12
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	One Year	Two Year
1. Prior....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	217	1,186	1,084	(102)	867
2. 2001....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,180	1,191	11	XXX
3. 2002....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,340	XXX	XXX
										4. Totals	(91)	867

**SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE**

1. Prior....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,013	(308)	(405)	(97)	(1,418)
2. 2001....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,004	9,623	(381)	XXX
3. 2002....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,028	XXX	XXX
										4. Totals	(478)	(1,418)

**SCHEDULE P - PART 2K - FIDELITY/SURETY**

1. Prior....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	62	57	62	5	1
2. 2001....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	49	11	XXX
3. 2002....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	XXX	XXX
										4. Totals	16	1

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

1. Prior....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	0	2	2	1
2. 2001....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	27	(1)	XXX
3. 2002....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	XXX	XXX
										4. Totals	0	1

**SCHEDULE P - PART 2M - INTERNATIONAL**

1. Prior....											0	0
2. 1993....											0	0
3. 1994....	XXX										0	0
4. 1995....	XXX	XXX									0	0
5. 1996....	XXX	XXX	XXX								0	0
6. 1997....	XXX	XXX	XXX	XXX							0	0
7. 1998....	XXX	XXX	XXX	XXX	XXX						0	0
8. 1999....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2000....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2001....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2002....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

**NONE**

**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	2	3	4	5	6	7	8	9	10	11	12
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	One Year	Two Year
1. Prior....	407	656	729	863	905	913	926	914	970	1,022	52	107
2. 1993....	533	591	606	602	601	597	599	599	599	599	(0)	(0)
3. 1994....	XXX	(61)	320	322	316	323	325	325	330	328	(2)	3
4. 1995....	XXX	XXX	234	275	276	276	278	281	282	295	14	14
5. 1996....	XXX	XXX	XXX	310	393	409	406	407	416	463	47	56
6. 1997....	XXX	XXX	XXX	XXX	280	332	328	319	333	409	76	90
7. 1998....	XXX	XXX	XXX	XXX	XXX	709	592	591	618	661	43	70
8. 1999....	XXX	XXX	XXX	XXX	XXX	XXX	403	503	531	633	101	130
9. 2000....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	595	876	949	73	354
10. 2001....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,241	1,691	450	XXX
11. 2002....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,196	XXX	XXX
										12. Totals	854	824

**SCHEDULE P - PART 2O - REINSURANCE**

NONPROPORTIONAL ASSUMED LIABILITY

1. Prior....	1,122	1,115	825	883	866	823	867	860	815	864	49	3
2. 1993....	466	675	443	328	324	337	974	1,191	1,067	1,296	229	105
3. 1994....	XXX	(46)	336	357	382	393	409	405	405	406	1	2
4. 1995....	XXX	XXX	263	386	429	425	467	474	467	499	31	25
5. 1996....	XXX	XXX	XXX	282	350	319	398	461	483	517	34	56
6. 1997....	XXX	XXX	XXX	XXX	263	326	404	446	441	521	80	75
7. 1998....	XXX	XXX	XXX	XXX	XXX	226	417	499	536	613	77	113
8. 1999....	XXX	XXX	XXX	XXX	XXX	XXX	397	519	529	658	130	139
9. 2000....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	396	538	550	12	155
10. 2001....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	54	169	115	XXX
11. 2002....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
										12. Totals	758	673

**SCHEDULE P - PART 2P - REINSURANCE**

NONPROPORTIONAL ASSUMED FINANCIAL LINES

1. Prior....											0	0	
2. 1993....											0	0	
3. 1994....	XXX										0	0	
4. 1995....	XXX	XXX									0	0	
5. 1996....	XXX	XXX	XXX								0	0	
6. 1997....	XXX	XXX	XXX	XXX							0	0	
7. 1998....	XXX	XXX	XXX	XXX							0	0	
8. 1999....	XXX	XXX	XXX	XXX							0	0	
9. 2000....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0	
10. 2001....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX	
11. 2002....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	
											12. Totals	0	0

**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	2	3	4	5	6	7	8	9	10	11	12
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	One Year	Two Year
1. Prior.....	375	480	523	775	688	631	616	619	623	734	111	115
2. 1993.....	213	152	113	94	83	89	123	158	128	442	314	284
3. 1994.....	XXX	221	138	81	69	106	112	108	146	287	141	178
4. 1995.....	XXX	XXX	151	101	61	53	56	68	43	61	18	(7)
5. 1996.....	XXX	XXX	XXX	131	58	67	57	46	44	55	11	9
6. 1997.....	XXX	XXX	XXX	XXX	80	51	207	137	96	99	3	(37)
7. 1998.....	XXX	XXX	XXX	XXX	XXX	142	127	119	135	149	13	30
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	172	128	119	310	190	182
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	205	292	505	212	299
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	167	201	34	XXX
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	291	XXX	XXX
12. Totals										1,047	1,053	

**SCHEDULE P - PART 2R-SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE**

1. Prior.....											0	0
2. 1993.....											0	0
3. 1994.....	XXX										0	0
4. 1995.....	XXX	XXX									0	0
5. 1996.....	XXX	XXX	XXX								0	0
6. 1997.....	XXX	XXX	XXX	XXX							0	0
7. 1998.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals										0	0	

**SCHEDULE P - PART 2S - FINANCIAL GUARANTY/MORTGAGE GUARANTY**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals										0	0	

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2002 OF TIAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

**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 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002		
1. Prior.....	000	376	531	591	694	697	721	727	749	731	2,041	782
2. 1993.....	3,225	3,953	4,034	4,084	4,106	4,103	4,107	4,116	4,118	4,133	2,124	701
3. 1994.....	XXX	3,669	4,540	4,701	4,784	4,838	4,887	4,894	4,898	4,921	2,285	732
4. 1995.....	XXX	XXX	3,087	4,169	4,367	4,429	4,438	4,464	4,464	4,471	1,941	644
5. 1996.....	XXX	XXX	XXX	4,956	6,212	6,345	6,395	6,442	6,465	6,475	2,644	870
6. 1997.....	XXX	XXX	XXX	XXX	3,497	4,382	4,509	4,554	4,649	4,688	1,924	647
7. 1998.....	XXX	XXX	XXX	XXX	XXX	4,056	4,812	4,892	5,064	5,106	2,327	846
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	4,317	5,525	5,726	5,798	1,692	754
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,572	6,042	6,136	2,105	824
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,357	6,774	2,243	850
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,641	2,013	718

**SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior.....	000	5,191	8,630	10,338	10,905	11,208	11,306	11,373	11,409	11,454	4,190	1,271
2. 1993.....	4,364	7,959	10,232	11,788	12,535	12,906	12,994	13,012	13,020	13,028	3,507	995
3. 1994.....	XXX	4,327	7,507	9,619	10,652	11,081	11,375	11,519	11,569	11,599	3,291	1,016
4. 1995.....	XXX	XXX	4,623	7,667	9,514	10,461	10,808	11,149	11,201	11,338	3,133	947
5. 1996.....	XXX	XXX	XXX	4,068	7,061	8,608	9,393	9,670	9,868	9,928	3,001	879
6. 1997.....	XXX	XXX	XXX	XXX	4,196	6,744	7,979	8,790	9,314	9,567	2,791	863
7. 1998.....	XXX	XXX	XXX	XXX	XXX	3,823	5,950	7,445	8,323	8,765	2,594	803
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	3,642	5,572	7,029	8,095	2,495	811
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,749	5,722	7,061	2,538	858
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,115	6,406	2,479	858
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,929	2,057	682

**SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior.....	000	4,943	9,092	11,242	12,304	12,719	13,143	13,356	13,444	13,396	1,741	822
2. 1993.....	2,632	4,324	6,079	7,541	8,427	8,850	9,083	9,313	9,341	9,349	1,235	513
3. 1994.....	XXX	2,027	3,932	5,763	7,101	7,850	8,471	8,814	8,910	8,928	1,190	500
4. 1995.....	XXX	XXX	1,640	3,310	4,607	5,904	6,537	6,753	7,004	7,109	986	489
5. 1996.....	XXX	XXX	XXX	1,596	2,981	4,644	5,686	6,460	6,786	7,221	894	269
6. 1997.....	XXX	XXX	XXX	XXX	1,532	2,493	3,481	4,433	5,149	5,660	756	295
7. 1998.....	XXX	XXX	XXX	XXX	XXX	1,081	1,969	2,828	3,464	3,903	602	281
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	1,052	1,905	2,738	3,575	630	248
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,052	2,121	3,234	627	275
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,263	2,328	653	269
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,446	492	183

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION**

1. Prior.....	000	3,961	6,333	7,914	9,654	10,999	11,623	12,254	12,777	13,019	2,373	389
2. 1993.....	1,314	2,816	3,617	4,098	4,368	4,534	4,665	4,741	4,803	4,886	1,085	179
3. 1994.....	XXX	991	1,973	2,491	2,807	3,015	3,126	3,257	3,319	3,360	799	135
4. 1995.....	XXX	XXX	408	920	1,178	1,328	1,418	1,529	1,559	1,595	457	86
5. 1996.....	XXX	XXX	XXX	445	781	984	1,129	1,227	1,278	1,336	361	58
6. 1997.....	XXX	XXX	XXX	XXX	379	705	866	982	1,048	1,101	344	55
7. 1998.....	XXX	XXX	XXX	XXX	XXX	307	574	723	770	809	264	60
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	378	743	902	993	253	45
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	373	780	926	259	54
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	552	1,285	292	72
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	595	190	53

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....	000	1,440	1,796	2,290	2,748	2,985	3,229	3,423	3,572	3,282	1,289	899
2. 1993.....	2,425	3,271	3,471	3,765	3,954	4,121	4,163	4,167	4,207	4,216	693	284
3. 1994.....	XXX	3,271	4,339	4,599	4,801	5,001	5,065	5,077	5,088	5,099	726	305
4. 1995.....	XXX	XXX	1,867	3,059	3,405	3,494	3,629	3,759	3,768	3,797	601	251
5. 1996.....	XXX	XXX	XXX	2,545	3,917	4,102	4,381	4,526	4,557	4,580	572	259
6. 1997.....	XXX	XXX	XXX	XXX	2,160	2,877	3,034	3,128	3,223	3,277	477	216
7. 1998.....	XXX	XXX	XXX	XXX	XXX	1,827	2,694	3,041	3,119	3,269	429	215
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	1,989	2,671	2,810	2,945	372	200
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,026	2,804	2,982	389	185
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,384	3,069	420	203
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,125	347	165

**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 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002		
1. Prior.....	.....000.....	.....1.....	.....2.....	.....2.....	.....2.....	.....2.....	.....2.....	.....2.....	.....3.....	.....3.....		
2. 1993.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
3. 1994.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
4. 1995.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....		
5. 1996.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....		
6. 1997.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....		
7. 1998.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....		
8. 1999.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....		
9. 2000.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....		
10. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....		
11. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....		

**SCHEDULE P - PART 3F - SECTION 2 - MEDICAL MALPRACTICE - CLAIMS-MADE**

1. Prior.....	.....000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 1993.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 1994.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 1995.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 1996.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 1997.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 1998.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
8. 1999.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
9. 2000.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
10. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
11. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....

NONE

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

1. Prior.....	.....000.....	.....13.....	.....13.....	.....13.....	.....13.....	.....13.....	.....14.....	.....14.....	.....14.....	.....14.....	XXX.....	XXX.....
2. 1993.....	.....28.....	.....33.....	.....33.....	.....32.....	.....32.....	.....32.....	.....32.....	.....33.....	.....33.....	.....33.....	XXX.....	XXX.....
3. 1994.....	XXX.....	.....34.....	.....40.....	.....40.....	.....40.....	.....40.....	.....40.....	.....40.....	.....40.....	.....40.....	XXX.....	XXX.....
4. 1995.....	XXX.....	XXX.....	.....29.....	.....36.....	.....36.....	.....36.....	.....36.....	.....36.....	.....36.....	.....36.....	XXX.....	XXX.....
5. 1996.....	XXX.....	XXX.....	XXX.....	.....30.....	.....38.....	.....42.....	.....42.....	.....42.....	.....42.....	.....42.....	XXX.....	XXX.....
6. 1997.....	XXX.....	XXX.....	XXX.....	XXX.....	.....22.....	.....25.....	.....25.....	.....27.....	.....27.....	.....27.....	XXX.....	XXX.....
7. 1998.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....32.....	.....32.....	.....33.....	.....33.....	.....33.....	XXX.....	XXX.....
8. 1999.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....29.....	.....30.....	.....30.....	.....30.....	XXX.....	XXX.....
9. 2000.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....25.....	.....33.....	.....33.....	XXX.....	XXX.....
10. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....21.....	.....23.....	XXX.....	XXX.....
11. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....33.....	XXX.....	XXX.....

**SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior.....	.....000.....	.....901.....	.....1,037.....	.....1,545.....	.....1,741.....	.....1,993.....	.....2,420.....	.....2,769.....	.....2,930.....	.....3,050.....	.....289.....	.....242.....
2. 1993.....	.....1,588.....	.....2,086.....	.....2,301.....	.....2,410.....	.....2,730.....	.....2,991.....	.....2,958.....	.....2,974.....	.....2,977.....	.....2,967.....	.....219.....	.....174.....
3. 1994.....	XXX.....	.....1,272.....	.....1,784.....	.....2,192.....	.....2,465.....	.....2,665.....	.....2,711.....	.....2,741.....	.....2,766.....	.....2,814.....	.....219.....	.....198.....
4. 1995.....	XXX.....	XXX.....	.....935.....	.....1,288.....	.....1,618.....	.....1,981.....	.....2,166.....	.....2,225.....	.....2,250.....	.....2,316.....	.....181.....	.....151.....
5. 1996.....	XXX.....	XXX.....	XXX.....	.....582.....	.....905.....	.....1,172.....	.....1,422.....	.....1,520.....	.....1,677.....	.....1,723.....	.....183.....	.....143.....
6. 1997.....	XXX.....	XXX.....	XXX.....	XXX.....	.....311.....	.....536.....	.....902.....	.....995.....	.....1,070.....	.....1,134.....	.....138.....	.....117.....
7. 1998.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....210.....	.....584.....	.....703.....	.....840.....	.....1,070.....	.....148.....	.....132.....
8. 1999.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....248.....	.....390.....	.....696.....	.....1,069.....	.....131.....	.....104.....
9. 2000.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....182.....	.....404.....	.....716.....	.....134.....	.....107.....
10. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....279.....	.....519.....	.....141.....	.....108.....
11. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....232.....	.....100.....	.....92.....

**SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior.....	.....000.....	.....(15).....	.....(26).....	.....(39).....	.....(52).....	.....(47).....	.....(56).....	.....(55).....	.....(53).....	.....(55).....	.....	.....
2. 1993.....	.....17.....	.....33.....	.....32.....	.....32.....	.....32.....	.....26.....	.....18.....	.....17.....	.....17.....	.....17.....	.....	.....
3. 1994.....	XXX.....	.....9.....	.....19.....	.....19.....	.....19.....	.....10.....	.....5.....	.....5.....	.....5.....	.....5.....	.....	.....
4. 1995.....	XXX.....	XXX.....	.....9.....	.....20.....	.....20.....	.....20.....	.....20.....	.....16.....	.....15.....	.....14.....	.....	.....
5. 1996.....	XXX.....	XXX.....	XXX.....	.....10.....	.....21.....	.....21.....	.....21.....	.....43.....	.....40.....	.....39.....	.....	.....
6. 1997.....	XXX.....	XXX.....	XXX.....	XXX.....	.....12.....	.....24.....	.....27.....	.....25.....	.....14.....	.....14.....	.....	.....
7. 1998.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....6.....	.....22.....	.....23.....	.....19.....	.....14.....	.....	.....
8. 1999.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....5.....	.....20.....	.....21.....	.....18.....	.....	.....
9. 2000.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....5.....	.....19.....	.....33.....	.....	.....
10. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....5.....	.....20.....	.....	.....
11. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....13.....	.....	.....

**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 Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002		
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.000.....	1,168.....	1,074.....	XXX.....	XXX.....
2. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.827.....	1,133.....	XXX.....	XXX.....
3. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	997.....	XXX.....	XXX.....

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.000.....	(349).....	(441).....	7,246.....	1,559.....
2. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	9,041.....	9,601.....	6,296.....	1,299.....
3. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	10,790.....	5,992.....	1,178.....

**SCHEDULE P - PART 3K - FIDELITY/SURETY**

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.000.....	7.....	10.....	XXX.....	XXX.....
2. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	19.....	37.....	XXX.....	XXX.....
3. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	10.....	XXX.....	XXX.....

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

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.000.....	7.....	2.....	XXX.....	XXX.....
2. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	20.....	27.....	XXX.....	XXX.....
3. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	20.....	XXX.....	XXX.....

**SCHEDULE P - PART 3M - INTERNATIONAL**

1. Prior.....	.000.....										XXX.....	XXX.....
2. 1993.....											XXX.....	XXX.....
3. 1994.....	XXX.....										XXX.....	XXX.....
4. 1995.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 1996.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 1997.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 1998.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
8. 1999.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
9. 2000.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
10. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
11. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....

**NONE**

**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 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002		
1. Prior.....	000	215	346	402	470	503	571	590	605	641	XXX	XXX
2. 1993.....	250	483	544	577	591	592	595	595	596	596	XXX	XXX
3. 1994.....	XXX	111	224	238	264	273	278	278	327	326	XXX	XXX
4. 1995.....	XXX	XXX	88	198	225	233	238	242	279	288	XXX	XXX
5. 1996.....	XXX	XXX	XXX	214	313	352	364	368	399	443	XXX	XXX
6. 1997.....	XXX	XXX	XXX	XXX	146	231	254	256	278	331	XXX	XXX
7. 1998.....	XXX	XXX	XXX	XXX	XXX	242	447	476	518	592	XXX	XXX
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	154	369	405	533	XXX	XXX
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	369	686	817	XXX	XXX
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	278	694	XXX	XXX
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	246	XXX	XXX

**SCHEDULE P - PART 3O - REINSURANCE**

NONPROPORTIONAL ASSUMED LIABILITY

1. Prior.....	000	155	308	363	402	459	509	516	524	579	XXX	XXX
2. 1993.....	7	24	80	135	193	211	270	272	285	1,234	XXX	XXX
3. 1994.....	XXX	1	28	80	140	249	272	281	280	312	XXX	XXX
4. 1995.....	XXX	XXX	9	77	170	250	290	321	352	366	XXX	XXX
5. 1996.....	XXX	XXX	XXX	3	50	94	179	246	306	345	XXX	XXX
6. 1997.....	XXX	XXX	XXX	XXX	8	64	160	240	290	310	XXX	XXX
7. 1998.....	XXX	XXX	XXX	XXX	XXX	12	130	233	331	373	XXX	XXX
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	21	97	247	367	XXX	XXX
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	52	152	235	XXX	XXX
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	18	XXX	XXX
11. 2002.....	XXX	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. 1993.....											XXX	XXX
3. 1994.....	XXX										XXX	XXX
4. 1995.....	XXX	XXX									XXX	XXX
5. 1996.....	XXX	XXX	XXX								XXX	XXX
6. 1997.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 1998.....	XXX	XXX	XXX	XXX							XXX	XXX
8. 1999.....	XXX	XXX	XXX	XXX							XXX	XXX
9. 2000.....	XXX	XXX	XXX	XXX							XXX	XXX
10. 2001.....	XXX	XXX	XXX	XXX							XXX	XXX
11. 2002.....	XXX	XXX	XXX	XXX							XXX	XXX

**NONE**

**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 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002		
1. Prior.....	.000.....	.....161	.....358	.....452	.....539	.....592	.....595	.....597	.....600	.....611	.....31	.....25
2. 1993.....	.....5	.....13	.....41	.....49	.....56	.....60	.....88	.....91	.....127	.....127	.....7	.....9
3. 1994.....	XXX.....	.....4	.....6	.....22	.....44	.....69	.....71	.....74	.....137	.....138	.....6	.....9
4. 1995.....	XXX.....	XXX.....	.....9	.....20	.....25	.....33	.....36	.....38	.....40	.....39	.....6	.....10
5. 1996.....	XXX.....	XXX.....	XXX.....	.....4	.....7	.....15	.....35	.....37	.....37	.....37	.....7	.....10
6. 1997.....	XXX.....	XXX.....	XXX.....	XXX.....	.....2	.....11	.....27	.....77	.....89	.....92	.....4	.....7
7. 1998.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....19	.....32	.....55	.....107	.....136	.....12	.....12
8. 1999.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....13	.....19	.....43	.....53	.....10	.....8
9. 2000.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....12	.....128	.....179	.....6	.....8
10. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....8	.....55	.....6	.....7
11. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....18	.....6	.....6

**SCHEDULE P - PART 3R-SECTION 2 - PRODUCTS LIABILITY- CLAIMS-MADE**

1. Prior.....	.000.....											
2. 1993.....												
3. 1994.....	XXX.....											
4. 1995.....	XXX.....	XXX.....										
5. 1996.....	XXX.....	XXX.....	XXX.....									
6. 1997.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 1998.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
8. 1999.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
9. 2000.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

**NONE**

**SCHEDULE P - PART 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY**

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.000.....			XXX.....	XXX.....
2. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
3. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

**NONE**

**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	2	3	4	5	6	7	8	9	10
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
1. Prior.....	139	80	39	24	10	6		(3)	(1)	0
2. 1993.....	305	78	40	29	13	6	3	1	1	0
3. 1994.....	XXX	401	74	79	29	22	7	2	0	0
4. 1995.....	XXX	XXX	345	183	59	42	22	4	2	1
5. 1996.....	XXX	XXX	XXX	545	158	92	51	19	5	2
6. 1997.....	XXX	XXX	XXX	XXX	589	178	76	31	12	4
7. 1998.....	XXX	XXX	XXX	XXX	XXX	602	140	33	10	3
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	624	120	38	7
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	657	61	17
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	677	139
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	774

**SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior.....	4,948	2,692	1,413	854	569	265	89	27	(19)	0
2. 1993.....	5,180	2,550	1,119	678	380	199	107	61	17	9
3. 1994.....	XXX	5,317	2,486	1,497	757	374	144	72	29	9
4. 1995.....	XXX	XXX	5,768	3,308	1,452	732	300	95	43	19
5. 1996.....	XXX	XXX	XXX	4,972	2,622	1,209	456	244	80	36
6. 1997.....	XXX	XXX	XXX	XXX	4,819	2,492	742	337	162	57
7. 1998.....	XXX	XXX	XXX	XXX	XXX	4,404	1,668	620	317	152
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	3,777	1,393	515	310
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,168	1,398	492
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,333	1,350
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,182

**SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior.....	5,942	3,626	2,332	921	314	152	(50)	(124)	(131)	(0)
2. 1993.....	4,776	2,979	1,535	860	501	179	51	20	20	13
3. 1994.....	XXX	5,232	3,062	1,775	1,000	460	207	104	25	18
4. 1995.....	XXX	XXX	4,311	2,503	1,259	818	427	255	80	11
5. 1996.....	XXX	XXX	XXX	4,165	2,660	1,568	870	448	172	92
6. 1997.....	XXX	XXX	XXX	XXX	3,496	2,053	1,132	663	308	126
7. 1998.....	XXX	XXX	XXX	XXX	XXX	3,290	1,429	875	445	240
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	2,359	1,293	782	373
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,587	1,506	781
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,857	1,871
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,195

**SCHEDULE P - PART 4D - WORKERS' COMPENSATION**

1. Prior.....	9,453	6,409	4,116	3,332	2,672	2,273	1,591	1,434	1,221	1,622
2. 1993.....	3,768	2,021	1,128	834	664	577	505	440	395	343
3. 1994.....	XXX	2,791	1,286	781	550	504	421	382	366	290
4. 1995.....	XXX	XXX	1,462	615	369	264	229	188	166	127
5. 1996.....	XXX	XXX	XXX	848	396	213	193	93	110	90
6. 1997.....	XXX	XXX	XXX	XXX	669	383	241	167	123	110
7. 1998.....	XXX	XXX	XXX	XXX	XXX	446	287	213	140	114
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	539	341	182	118
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	556	386	249
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	910	490
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,015

**SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....	1,452	1,300	807	99	(179)	(310)	(575)	(717)	(770)	(384)
2. 1993.....	992	558	260	151	63	107	72	70	36	212
3. 1994.....	XXX	958	521	434	191	160	97	85	83	26
4. 1995.....	XXX	XXX	871	583	311	150	98	84	58	32
5. 1996.....	XXX	XXX	XXX	1,043	662	375	256	160	93	51
6. 1997.....	XXX	XXX	XXX	XXX	932	504	261	147	57	28
7. 1998.....	XXX	XXX	XXX	XXX	XXX	300	84	28	14	3
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	335	80	37	12
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	265	92	33
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	318	124
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	440

**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	2	3	4	5	6	7	8	9	10
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
1. Prior.....										
2. 1993.....										
3. 1994.....	XXX									
4. 1995.....	XXX	XXX								
5. 1996.....	XXX	XXX	XXX							
6. 1997.....	XXX	XXX	XXX	XXX						
7. 1998.....	XXX	XXX	XXX	XXX	XXX					
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 1993.....										
3. 1994.....	XXX									
4. 1995.....	XXX	XXX								
5. 1996.....	XXX	XXX	XXX							
6. 1997.....	XXX	XXX	XXX	XXX						
7. 1998.....	XXX	XXX	XXX	XXX	XXX					
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....	2	1	0							0
2. 1993.....	4	1	0							
3. 1994.....	XXX	3	0	0						
4. 1995.....	XXX	XXX	3	0	0					
5. 1996.....	XXX	XXX	XXX	3	0	0	0	0		
6. 1997.....	XXX	XXX	XXX	XXX	2	0	0	0	0	
7. 1998.....	XXX	XXX	XXX	XXX	XXX	2				0
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	3			
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	1	
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

**SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior.....	1,487	1,294	505	630	510	333	133	(1)	(28)	698
2. 1993.....	1,167	811	406	379	316	255	93	41	65	44
3. 1994.....	XXX	1,575	793	571	454	312	198	98	80	45
4. 1995.....	XXX	XXX	1,153	834	678	523	268	194	112	54
5. 1996.....	XXX	XXX	XXX	1,226	992	507	469	212	148	73
6. 1997.....	XXX	XXX	XXX	XXX	943	703	390	327	202	107
7. 1998.....	XXX	XXX	XXX	XXX	XXX	1,363	990	444	227	96
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	1,314	828	359	146
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,185	844	357
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,454	1,140
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,827

**SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior.....										
2. 1993.....	18									
3. 1994.....	XXX									
4. 1995.....	XXX	XXX								
5. 1996.....	XXX	XXX	XXX							
6. 1997.....	XXX	XXX	XXX	XXX						
7. 1998.....	XXX	XXX	XXX	XXX	XXX					
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002.....	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 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68	(16)	0
2. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.85	.8
3. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	105

**SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	208	(14)	5
2. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	232	.7
3. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	256

**SCHEDULE P - PART 4K - FIDELITY/SURETY**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	32	28
2. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.9	.8
3. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	(6)	
2. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.8	
3. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.8

**SCHEDULE P - PART 4M - INTERNATIONAL**

1. Prior.....										
2. 1993.....										
3. 1994.....	XXX									
4. 1995.....	XXX	XXX								
5. 1996.....	XXX	XXX	XXX							
6. 1997.....	XXX	XXX	XXX	XXX						
7. 1998.....	XXX	XXX	XXX	XXX	XXX					
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**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	2	3	4	5	6	7	8	9	10
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
1. Prior.....	244	195	197	287	267	226	199	190	229	220
2. 1993.....	21	48	16	2						
3. 1994.....	XXX	(322)	4	6	4	3	3	3	0	0
4. 1995.....	XXX	XXX	4	6	4	3	3	3	0	0
5. 1996.....	XXX	XXX	XXX	12	5	9	3	3	1	1
6. 1997.....	XXX	XXX	XXX	XXX	9	16	6	5	5	7
7. 1998.....	XXX	XXX	XXX	XXX	XXX	197	11	10	10	8
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	23	16	13	12
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	23	17
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	259	277
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	486

**SCHEDULE P - PART 4O - REINSURANCE**

NONPROPORTIONAL ASSUMED LIABILITY

1. Prior.....	784	710	366	382	329	252	275	261	213	210
2. 1993.....	396	562	292	144	114	83	701	906	782	59
3. 1994.....	XXX	(111)	178	168	133	100	110	100	84	75
4. 1995.....	XXX	XXX	150	175	136	107	117	110	90	114
5. 1996.....	XXX	XXX	XXX	200	140	114	119	113	93	136
6. 1997.....	XXX	XXX	XXX	XXX	182	156	148	132	97	156
7. 1998.....	XXX	XXX	XXX	XXX	XXX	19	165	145	106	193
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	208	182	136	214
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	191	193	201
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	66
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4P - REINSURANCE**

NONPROPORTIONAL ASSUMED FINANCIAL LINES

1. Prior.....										
2. 1993.....										
3. 1994.....	XXX									
4. 1995.....	XXX	XXX								
5. 1996.....	XXX	XXX	XXX							
6. 1997.....	XXX	XXX	XXX	XXX						
7. 1998.....	XXX	XXX	XXX	XXX	XXX					
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**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	2	3	4	5	6	7	8	9	10
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
1. Prior.....	.....210	.....173	.....68	.....186	.....51	.....32	.....9	.....8	.....9	.....100
2. 1993.....	.....195	.....126	.....60	.....33	.....21	.....15	.....24	.....43	.....1	.....315
3. 1994.....	XXX.....	.....210	.....114	.....49	.....17	.....21	.....21	.....15	.....7	.....146
4. 1995.....	XXX.....	XXX.....	.....137	.....76	.....30	.....16	.....18	.....25	.....3	.....14
5. 1996.....	XXX.....	XXX.....	XXX.....	.....117	.....47	.....46	.....21	.....9	.....4	.....14
6. 1997.....	XXX.....	XXX.....	XXX.....	XXX.....	.....71	.....28	.....164	.....48	.....7	.....5
7. 1998.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....110	.....76	.....48	.....18	.....5
8. 1999.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....140	.....89	.....34	.....148
9. 2000.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....125	.....76	.....192
10. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....127	.....123
11. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....229

**SCHEDULE P - PART 4R-SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE**

1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
2. 1993.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
3. 1994.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
4. 1995.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	
5. 1996.....	XXX.....	XXX.....	XXX.....	<b>NONE</b>							.....
6. 1997.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	
7. 1998.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	
8. 1999.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	
9. 2000.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	
10. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	
11. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	

**SCHEDULE P - PART 4S - FINANCIAL GUARANTY/MORTGAGE GUARANTY**

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
2. 2001.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....
3. 2002.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....

**NONE**

**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 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	285	14	6	3	2	2	(499)		(25)	(0)
2. 1993.....	1,885	2,055	2,061	2,064	2,066	2,066	2,123	2,124	2,124	2,124
3. 1994.....	XXX	2,031	2,266	2,276	2,281	2,283	2,284	2,284	2,285	2,285
4. 1995.....	XXX	XXX	1,663	1,923	1,935	1,938	1,939	1,940	1,940	1,941
5. 1996.....	XXX	XXX	XXX	2,328	2,620	2,638	2,640	2,642	2,644	2,644
6. 1997.....	XXX	XXX	XXX	XXX	1,716	1,911	1,922	1,923	1,923	1,924
7. 1998.....	XXX	XXX	XXX	XXX	XXX	1,991	2,313	2,324	2,326	2,327
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	1,504	1,679	1,687	1,692
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,792	2,094	2,105
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,996	2,243
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,013

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	42	22	10	4	3	2	1	1	0	0
2. 1993.....	189	18	8	4	2	1	1	1	1	0
3. 1994.....	XXX	199	22	12	7	5	2	1	0	0
4. 1995.....	XXX	XXX	229	19	9	5	3	1	1	1
5. 1996.....	XXX	XXX	XXX	249	23	8	5	4	1	1
6. 1997.....	XXX	XXX	XXX	XXX	158	18	7	6	4	1
7. 1998.....	XXX	XXX	XXX	XXX	XXX	305	20	12	6	2
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	163	19	11	4
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	281	23	2
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	218	25
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	232

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	153	13	3	1	1	1	(467)	0	(25)	
2. 1993.....	2,632	2,757	2,765	2,766	2,767	2,768	2,825	2,825	2,825	2,825
3. 1994.....	XXX	2,879	3,004	3,012	3,015	3,016	3,016	3,016	3,017	3,017
4. 1995.....	XXX	XXX	2,422	2,573	2,582	2,584	2,586	2,585	2,585	2,586
5. 1996.....	XXX	XXX	XXX	3,332	3,496	3,509	3,511	3,514	3,514	3,514
6. 1997.....	XXX	XXX	XXX	XXX	2,429	2,560	2,568	2,570	2,572	2,572
7. 1998.....	XXX	XXX	XXX	XXX	XXX	2,960	3,158	3,170	3,175	3,176
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	2,320	2,435	2,447	2,450
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,764	2,930	2,930
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,939	3,118
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,964

**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 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	1,043	266	112	44	20	9	5	1	1	2
2. 1993.....	2,492	3,268	3,418	3,473	3,495	3,501	3,505	3,506	3,507	3,507
3. 1994.....	XXX	2,410	3,071	3,215	3,260	3,277	3,283	3,289	3,290	3,291
4. 1995.....	XXX	XXX	2,227	2,923	3,063	3,106	3,119	3,127	3,130	3,133
5. 1996.....	XXX	XXX	XXX	2,127	2,829	2,942	2,981	2,993	2,999	3,001
6. 1997.....	XXX	XXX	XXX	XXX	2,031	2,635	2,731	2,767	2,784	2,791
7. 1998.....	XXX	XXX	XXX	XXX	XXX	1,860	2,429	2,542	2,579	2,594
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	1,824	2,355	2,454	2,495
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,837	2,432	2,538
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,880	2,479
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,057

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	489	234	118	64	39	29	23	18	18	15
2. 1993.....	810	202	101	48	17	9	4	2	1	1
3. 1994.....	XXX	698	208	87	36	16	9	4	3	1
4. 1995.....	XXX	XXX	735	195	75	29	14	7	3	1
5. 1996.....	XXX	XXX	XXX	744	166	70	26	11	6	5
6. 1997.....	XXX	XXX	XXX	XXX	660	161	77	32	15	6
7. 1998.....	XXX	XXX	XXX	XXX	XXX	651	168	73	32	14
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	631	161	78	32
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	697	170	9
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	716	187
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	844

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	616	106	40	15	8	4	2	0	1	
2. 1993.....	3,992	4,376	4,468	4,493	4,498	4,501	4,503	4,503	4,503	4,503
3. 1994.....	XXX	3,840	4,200	4,277	4,294	4,301	4,305	4,307	4,308	4,308
4. 1995.....	XXX	XXX	3,623	3,985	4,059	4,072	4,076	4,079	4,079	4,081
5. 1996.....	XXX	XXX	XXX	3,487	3,808	3,865	3,874	3,881	3,884	3,885
6. 1997.....	XXX	XXX	XXX	XXX	3,308	3,590	3,644	3,655	3,660	3,661
7. 1998.....	XXX	XXX	XXX	XXX	XXX	3,081	3,343	3,397	3,408	3,411
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	3,038	3,272	3,323	3,337
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,151	3,414	3,404
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,237	3,524
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,584

**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 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	465	131	78	18	6	11	5	3	1	1
2. 1993.....	860	1,126	1,194	1,211	1,218	1,226	1,232	1,234	1,235	1,235
3. 1994.....	XXX	843	1,100	1,142	1,159	1,173	1,183	1,187	1,188	1,190
4. 1995.....	XXX	XXX	697	908	936	960	976	982	985	986
5. 1996.....	XXX	XXX	XXX	619	800	848	869	882	890	894
6. 1997.....	XXX	XXX	XXX	XXX	519	682	720	739	750	756
7. 1998.....	XXX	XXX	XXX	XXX	XXX	419	547	579	595	602
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	449	584	617	630
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	433	590	627
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	486	653
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	492

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	358	203	110	64	39	20	14	9	9	8
2. 1993.....	313	112	70	43	22	13	4	2	1	1
3. 1994.....	XXX	283	111	74	37	23	11	5	3	2
4. 1995.....	XXX	XXX	243	92	56	36	17	10	6	4
5. 1996.....	XXX	XXX	XXX	220	81	55	32	19	10	7
6. 1997.....	XXX	XXX	XXX	XXX	173	78	48	28	16	8
7. 1998.....	XXX	XXX	XXX	XXX	XXX	157	65	40	19	9
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	174	62	33	19
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	194	72	42
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	220	86
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	224

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	299	65	63	4	4	4	4	1	3	
2. 1993.....	1,453	1,662	1,733	1,740	1,742	1,746	1,747	1,747	1,748	1,748
3. 1994.....	XXX	1,412	1,635	1,674	1,680	1,687	1,689	1,690	1,691	1,691
4. 1995.....	XXX	XXX	1,172	1,421	1,450	1,469	1,475	1,477	1,478	1,479
5. 1996.....	XXX	XXX	XXX	958	1,100	1,148	1,161	1,166	1,169	1,170
6. 1997.....	XXX	XXX	XXX	XXX	874	1,018	1,045	1,053	1,057	1,058
7. 1998.....	XXX	XXX	XXX	XXX	XXX	751	855	879	888	891
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	770	868	891	897
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	796	916	944
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	883	1,008
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	899

**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 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	644	125	100	11	8	24	22	16	13	10
2. 1993.....	690	1,021	1,066	1,071	1,074	1,076	1,080	1,083	1,084	1,085
3. 1994.....	XXX	517	768	773	777	784	793	797	798	799
4. 1995.....	XXX	XXX	339	438	441	446	450	453	455	457
5. 1996.....	XXX	XXX	XXX	248	338	349	355	358	359	361
6. 1997.....	XXX	XXX	XXX	XXX	222	320	337	339	342	344
7. 1998.....	XXX	XXX	XXX	XXX	XXX	168	248	258	263	264
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	165	236	247	253
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	170	250	259
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	193	292
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	190

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	372	236	173	132	111	129	108	97	87	81
2. 1993.....	330	62	31	17	11	11	9	7	6	4
3. 1994.....	XXX	219	37	25	15	14	10	7	5	5
4. 1995.....	XXX	XXX	109	20	13	14	10	8	6	4
5. 1996.....	XXX	XXX	XXX	88	17	15	8	6	5	4
6. 1997.....	XXX	XXX	XXX	XXX	75	24	10	9	6	5
7. 1998.....	XXX	XXX	XXX	XXX	XXX	85	20	10	6	4
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	82	25	15	8
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	79	19	11
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	116	29
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	101

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	167	17	51	2	3	37	14	2	7	
2. 1993.....	1,132	1,242	1,262	1,262	1,263	1,266	1,269	1,269	1,269	1,269
3. 1994.....	XXX	825	920	924	926	931	937	938	938	939
4. 1995.....	XXX	XXX	513	536	539	546	546	547	547	547
5. 1996.....	XXX	XXX	XXX	382	410	420	421	422	422	423
6. 1997.....	XXX	XXX	XXX	XXX	336	396	401	403	404	404
7. 1998.....	XXX	XXX	XXX	XXX	XXX	295	325	327	329	329
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	276	304	306	307
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	289	321	323
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	360	393
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	344

**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 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	.97	.35	.17	.1	.1	.71	.176	.23	.29	.34
2. 1993.....	.559	.680	.696	.697	.698	.714	.692	.692	.693	.693
3. 1994.....	.XXX	.592	.723	.728	.731	.702	.726	.726	.726	.726
4. 1995.....	.XXX	.XXX	.417	.543	.552	.539	.597	.600	.601	.601
5. 1996.....	.XXX	.XXX	.XXX	.436	.549	.595	.568	.571	.572	.572
6. 1997.....	.XXX	.XXX	.XXX	.XXX	.393	.447	.471	.474	.476	.477
7. 1998.....	.XXX	.XXX	.XXX	.XXX	.XXX	.303	.419	.424	.428	.429
8. 1999.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.311	.365	.369	.372
9. 2000.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.300	.385	.389
10. 2001.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.350	.420
11. 2002.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.347

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	.254	.204	.143	.108	.98	.493	.456	.498	.541	.587
2. 1993.....	.122	.31	.19	.13	.8	.3	.1	.2	.1	.1
3. 1994.....	.XXX	.113	.26	.19	.12	.4	.2	.1	.1	.1
4. 1995.....	.XXX	.XXX	.120	.29	.17	.12	.7	.3	.2	.2
5. 1996.....	.XXX	.XXX	.XXX	.113	.22	.16	.7	.3	.2	.2
6. 1997.....	.XXX	.XXX	.XXX	.XXX	.82	.17	.12	.7	.3	.2
7. 1998.....	.XXX	.XXX	.XXX	.XXX	.XXX	.78	.12	.7	.2	.1
8. 1999.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.61	.12	.6	.2
9. 2000.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.85	.14	.7
10. 2001.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.85	.16
11. 2002.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.86

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	.126	.16	.23	.3	.2	.6	.191	.4	.130	
2. 1993.....	.874	.967	.985	.986	.986	.988	.978	.978	.978	.979
3. 1994.....	.XXX	.937	.1,031	.1,041	.1,041	.1,043	.1,032	.1,032	.1,033	.1,033
4. 1995.....	.XXX	.XXX	.711	.803	.810	.813	.851	.853	.853	.853
5. 1996.....	.XXX	.XXX	.XXX	.742	.818	.829	.830	.831	.832	.832
6. 1997.....	.XXX	.XXX	.XXX	.XXX	.639	.685	.690	.694	.694	.695
7. 1998.....	.XXX	.XXX	.XXX	.XXX	.XXX	.589	.638	.643	.644	.645
8. 1999.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.528	.569	.573	.574
9. 2000.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.519	.577	.582
10. 2001.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.590	.639
11. 2002.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.598

**Sch. P-Pt. 5F-Sn. 1A**  
**NONE**

**Sch. P-Pt. 5F-Sn. 2A**  
**NONE**

**Sch. P-Pt. 5F-Sn. 3A**  
**NONE**

**Sch. P-Pt. 5F-Sn. 1B**  
**NONE**

**Sch. P-Pt. 5F-Sn. 2B**  
**NONE**

**Sch. P-Pt. 5F-Sn. 3B**  
**NONE**

**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 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	76	29	15	11	6	3	2	1	0	1
2. 1993.....	155	202	195	204	210	216	218	218	219	219
3. 1994.....	XXX	133	181	196	206	211	215	217	218	219
4. 1995.....	XXX	XXX	106	149	163	172	177	178	179	181
5. 1996.....	XXX	XXX	XXX	109	155	171	179	181	182	183
6. 1997.....	XXX	XXX	XXX	XXX	90	120	130	134	137	138
7. 1998.....	XXX	XXX	XXX	XXX	XXX	93	133	143	146	148
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	78	199	125	131
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	358	122	134
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	98	141
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	100

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	87	59	35	23	12	9	6	4	3	3
2. 1993.....	55	30	22	15	8	3	1	1	1	
3. 1994.....	XXX	48	29	25	14	9	4	3	2	1
4. 1995.....	XXX	XXX	54	25	20	10	5	6	5	1
5. 1996.....	XXX	XXX	XXX	53	30	18	10	6	4	1
6. 1997.....	XXX	XXX	XXX	XXX	35	14	13	8	5	4
7. 1998.....	XXX	XXX	XXX	XXX	XXX	44	16	14	8	4
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	41	21	16	11
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	47	23	18
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48	24
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	98	35	17	9	3	2	5	1	0	
2. 1993.....	308	374	374	383	388	393	392	393	394	393
3. 1994.....	XXX	308	371	399	408	413	415	417	418	418
4. 1995.....	XXX	XXX	236	293	317	325	328	332	333	333
5. 1996.....	XXX	XXX	XXX	239	299	316	324	326	327	327
6. 1997.....	XXX	XXX	XXX	XXX	198	234	251	256	257	258
7. 1998.....	XXX	XXX	XXX	XXX	XXX	215	262	279	283	284
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	176	308	238	245
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	468	239	259
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	214	272
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	240

**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 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....										
2. 1993.....										
3. 1994.....	XXX									
4. 1995.....	XXX	XXX								
5. 1996.....	XXX	XXX	XXX							
6. 1997.....	XXX	XXX	XXX	XXX						
7. 1998.....	XXX	XXX	XXX	XXX	XXX					
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002.....	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 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....										
2. 1993.....										
3. 1994.....	XXX									
4. 1995.....	XXX	XXX								
5. 1996.....	XXX	XXX	XXX							
6. 1997.....	XXX	XXX	XXX	XXX						
7. 1998.....	XXX	XXX	XXX	XXX	XXX					
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....										
2. 1993.....										
3. 1994.....	XXX									
4. 1995.....	XXX	XXX								
5. 1996.....	XXX	XXX	XXX							
6. 1997.....	XXX	XXX	XXX	XXX						
7. 1998.....	XXX	XXX	XXX	XXX	XXX					
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002.....	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 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	4	2	3	1	2	1	0	0		0
2. 1993.....	4	5	6	6	7	7	7	7	7	7
3. 1994.....	XXX	2	4	5	6	6	6	6	6	6
4. 1995.....	XXX	XXX	4	6	6	6	6	6	6	6
5. 1996.....	XXX	XXX	XXX	5	6	6	6	7	7	7
6. 1997.....	XXX	XXX	XXX	XXX	2	2	3	3	4	4
7. 1998.....	XXX	XXX	XXX	XXX	XXX	6	9	10	11	12
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	8	9	10	10
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	5	6
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	6
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	13	11	5	3	3	2	1	1	1	0
2. 1993.....	2	2	2	1	1	0	0	0		
3. 1994.....	XXX	3	2	2	2	1	1	1	1	0
4. 1995.....	XXX	XXX	2	1	1	1	0	0		0
5. 1996.....	XXX	XXX	XXX	2	1	1	0		0	0
6. 1997.....	XXX	XXX	XXX	XXX	2	2	1	1		0
7. 1998.....	XXX	XXX	XXX	XXX	XXX	4	3	2	1	0
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	0
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	3	0
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	0
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....	9	5	2	1	0	0				
2. 1993.....	10	13	15	16	16	16	16	16	16	16
3. 1994.....	XXX	10	13	15	15	15	15	16	16	15
4. 1995.....	XXX	XXX	11	14	15	16	16	16	16	16
5. 1996.....	XXX	XXX	XXX	12	15	16	16	16	17	17
6. 1997.....	XXX	XXX	XXX	XXX	6	9	10	10	10	10
7. 1998.....	XXX	XXX	XXX	XXX	XXX	16	21	24	25	24
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	14	17	20	19
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	14	13
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	13
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11

**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 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....										
2. 1993.....										
3. 1994.....	XXX									
4. 1995.....	XXX	XXX								
5. 1996.....	XXX	XXX	XXX							
6. 1997.....	XXX	XXX	XXX	XXX						
7. 1998.....	XXX	XXX	XXX	XXX	XXX					
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002.....	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 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....										
2. 1993.....										
3. 1994.....	XXX									
4. 1995.....	XXX	XXX								
5. 1996.....	XXX	XXX	XXX							
6. 1997.....	XXX	XXX	XXX	XXX						
7. 1998.....	XXX	XXX	XXX	XXX	XXX					
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior.....										
2. 1993.....										
3. 1994.....	XXX									
4. 1995.....	XXX	XXX								
5. 1996.....	XXX	XXX	XXX							
6. 1997.....	XXX	XXX	XXX	XXX						
7. 1998.....	XXX	XXX	XXX	XXX	XXX					
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2002 OF TIAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

**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 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	
1. Prior.....				2	1		8	1	25	1	1
2. 1993.....	11,849	11,968	11,981	11,981	11,986	11,987	11,988	11,988	11,997	11,997	0
3. 1994.....	XXX	10,731	10,871	10,873	10,873	10,878	10,881	10,881	10,887	10,887	0
4. 1995.....	XXX	XXX	9,593	9,653	9,651	9,654	9,655	9,655	9,658	9,658	(0)
5. 1996.....	XXX	XXX	XXX	9,149	9,181	9,182	9,183	9,183	9,185	9,185	0
6. 1997.....	XXX	XXX	XXX	XXX	8,163	8,199	8,199	8,200	8,201	8,201	0
7. 1998.....	XXX	XXX	XXX	XXX	XXX	7,148	7,165	7,168	7,169	7,169	(0)
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	6,997	7,021	7,021	7,021	0
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,536	7,547	7,547	0
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,753	8,788	36
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,424	10,424
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,461
13. Earned Premiums (Sch. P-Pt 1).....	11,849	10,850	9,748	9,216	8,201	7,195	7,047	7,566	8,852	10,461	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	
1. Prior.....		59	29	55	126	54	63	53	4		
2. 1993.....	940	940	940	940	940	940	940	940	940	940	
3. 1994.....	XXX	576	629	619	646	649	637	630	628	649	21
4. 1995.....	XXX	XXX	555	549	546	550	530	524	527	488	(39)
5. 1996.....	XXX	XXX	XXX	579	524	538	591	572	551	571	20
6. 1997.....	XXX	XXX	XXX	XXX	453	435	448	448	429	429	
7. 1998.....	XXX	XXX	XXX	XXX	XXX	314	314	314	314	314	
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	318	317	317	350	33
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	313	313	313	
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	225	225	0
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	361	361
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	396
13. Earned Premiums (Sch. P-Pt 1).....	940	706	618	618	536	372	442	331	187	396	XXX

**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 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	
1. Prior.....			(28)	(0)	1	0	(0)	3	(4)	1	1
2. 1993.....	7,993	8,334	8,366	8,359	8,370	8,370	8,382	8,383	8,386	8,386	0
3. 1994.....	XXX	5,963	6,318	6,319	6,314	6,314	6,314	6,314	6,314	6,314	0
4. 1995.....	XXX	XXX	3,487	3,525	3,509	3,510	3,510	3,509	3,510	3,510	0
5. 1996.....	XXX	XXX	XXX	2,773	2,797	2,795	2,795	2,795	2,795	2,795	0
6. 1997.....	XXX	XXX	XXX	XXX	2,190	2,191	2,192	2,192	2,192	2,192	0
7. 1998.....	XXX	XXX	XXX	XXX	XXX	1,617	1,622	1,621	1,621	1,622	0
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	1,481	1,492	1,492	1,492	0
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,742	1,759	1,759	0
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,446	2,492	46
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,688	2,688
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,737
13. Earned Premiums (Sch. P-Pt 1).....	7,993	6,304	3,811	2,813	2,222	1,624	1,501	1,756	2,462	2,855	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	
1. Prior.....		14	4	7	16	6	8	2	(180)		
2. 1993.....	834	834	834	834	826	826	826	826	826	826	
3. 1994.....	XXX	292	317	314	329	330	322	318	317	325	7
4. 1995.....	XXX	XXX	174	172	172	173	167	165	166	153	(13)
5. 1996.....	XXX	XXX	XXX	166	151	155	173	167	159	166	7
6. 1997.....	XXX	XXX	XXX	XXX	133	128	132	132	125	125	
7. 1998.....	XXX	XXX	XXX	XXX	XXX	84	84	84	84	84	
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	72	72	72	82	10
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	69	69	69	
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80	80	
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	142	142
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	152
13. Earned Premiums (Sch. P-Pt 1).....	834	16	188	171	(130)	95	112	71	(115)	158	XXX

ANNUAL STATEMENT FOR THE YEAR 2002 OF TIAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

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 Current Year Premiums Earned	
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002		
1. Prior.....		.21		(21)								
2. 1993.....	8,684	8,748	8,748	8,748	8,748	8,748	8,748	8,748	8,748	8,748		
3. 1994.....	XXX	8,286	8,613	8,613	8,613	8,613	8,613	8,613	8,613	8,613		
4. 1995.....	XXX	XXX	7,293	7,389	7,389	7,389	7,389	7,389	7,389	7,389		
5. 1996.....	XXX	XXX	XXX	7,084	7,167	7,167	7,167	7,167	7,167	7,167		
6. 1997.....	XXX	XXX	XXX	XXX	6,794	6,891	6,891	6,891	6,891	6,891		
7. 1998.....	XXX	XXX	XXX	XXX	XXX	5,498	5,573	5,573	5,573	5,573		.0
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	5,421	5,480	5,480	5,480		
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,051	6,125	6,125		.0
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,531	6,656		.125
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,595		7,595
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		7,720
13. Earned Premiums (Sch. P-Pt 1).....	8,684	8,350	7,619	7,181	6,877	5,595	5,496	6,110	6,605	8,293		XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned	
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002		
1. Prior.....		.3	.2	.3	.7	.3	.3	.3	.0			
2. 1993.....	915	915	915	915	915	915	915	915	915	915		
3. 1994.....	XXX	760	776	774	779	780	776	775	775	776		.2
4. 1995.....	XXX	XXX	684	683	683	683	681	679	679	676		(4)
5. 1996.....	XXX	XXX	XXX	671	660	663	673	669	667	669		.2
6. 1997.....	XXX	XXX	XXX	XXX	598	595	595	595	594	594		
7. 1998.....	XXX	XXX	XXX	XXX	XXX	546	546	546	546	546		
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	535	535	535	538		.3
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	603	603	603		
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	696	700		.4
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	270		270
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		277
13. Earned Premiums (Sch. P-Pt 1).....	915	783	696	678	594	551	550	599	693	293		XXX

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 Current Year Premiums Earned	
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002		
1. Prior.....										(0)		(0)
2. 1993.....	10,010	10,010	10,010	10,010	10,010	10,010	10,010	10,010	10,010	10,010		
3. 1994.....	XXX	8,566	8,569	8,568	8,568	8,568	8,568	8,568	8,568	8,568		(0)
4. 1995.....	XXX	XXX	6,977	6,977	6,977	6,977	6,977	6,977	6,977	6,977		
5. 1996.....	XXX	XXX	XXX	5,961	5,961	5,961	5,961	5,961	5,961	5,961		
6. 1997.....	XXX	XXX	XXX	XXX	4,373	4,374	4,374	4,374	4,374	4,374		
7. 1998.....	XXX	XXX	XXX	XXX	XXX	2,527	2,527	2,527	2,527	2,527		
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	4,599	4,599	4,599	4,599		(0)
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,402	4,402	4,402		.0
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,803	4,803		.0
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,767		5,767
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		5,767
13. Earned Premiums (Sch. P-Pt 1).....	10,010	8,566	6,979	5,960	4,374	2,528	4,599	4,402	4,803	5,830		XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned	
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002		
1. Prior.....		.28	.15	.30	.65	.28	.33	.30	.2			
2. 1993.....	5,761	5,761	5,761	5,761	5,761	5,761	5,761	5,761	5,761	5,761		
3. 1994.....	XXX	4,372	4,419	4,411	4,453	4,458	4,441	4,432	4,426	4,460		.34
4. 1995.....	XXX	XXX	3,363	3,358	3,355	3,360	3,330	3,321	3,328	3,266		(62)
5. 1996.....	XXX	XXX	XXX	2,712	2,634	2,653	2,724	2,701	2,659	2,690		.31
6. 1997.....	XXX	XXX	XXX	XXX	1,756	1,729	1,748	1,748	1,692	1,692		(0)
7. 1998.....	XXX	XXX	XXX	XXX	XXX	(567)	(567)	(567)	(567)	(567)		(0)
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	1,549	1,547	1,547	1,602		.54
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.851	.851	.851		
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.681	.681		
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.715		.715
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.773
13. Earned Premiums (Sch. P-Pt 1).....	5,761	4,408	3,425	2,728	1,781	(536)	1,625	1,030	.622	.778		XXX

ANNUAL STATEMENT FOR THE YEAR 2002 OF TIAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

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 Current Year Premiums Earned	
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002		
1. Prior.....				0								
2. 1993.....	.56	.86	.86	.86	.86	.86	.86	.86	.86	.86	.86	
3. 1994.....	XXX	.15	.31	.32	.32	.32	.32	.32	.32	.31	(.0)	
4. 1995.....	XXX	XXX	.15	.33	.33	.33	.33	.33	.33	.33	.33	
5. 1996.....	XXX	XXX	XXX	.17	.35	.35	.35	.35	.35	.35	.35	
6. 1997.....	XXX	XXX	XXX	XXX	.20	.40	.46	.46	.46	.46	.46	
7. 1998.....	XXX	XXX	XXX	XXX	XXX	.10	.28	.30	.30	.30	.30	.0
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	.7	.32	.34	.34	.34	.0
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.7	.30	.31	.31	.2
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.8	.31	.31	.23
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.20	.20	.20
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.44
13. Earned Premiums (Sch. P-Pt 1).....	.56	.45	.32	.34	.39	.30	.32	.34	.32	.44	.44	.XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned	
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002		
1. Prior.....												
2. 1993.....												.0
3. 1994.....	XXX											.0
4. 1995.....	XXX	XXX										.0
5. 1996.....	XXX	XXX	XXX									.0
6. 1997.....	XXX	XXX	XXX	XXX								.0
7. 1998.....	XXX	XXX	XXX	XXX	XXX							.0
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX						.0
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					.0
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
13. Earned Premiums (Sch. P-Pt 1).....												.XXX

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 Current Year Premiums Earned	
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002		
1. Prior.....												
2. 1993.....												.0
3. 1994.....	XXX											.0
4. 1995.....	XXX	XXX										.0
5. 1996.....	XXX	XXX	XXX									.0
6. 1997.....	XXX	XXX	XXX	XXX								.0
7. 1998.....	XXX	XXX	XXX	XXX	XXX							.0
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX						.0
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					.0
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
13. Earned Premiums (Sch. 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 Current Year Premiums Earned	
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002		
1. Prior.....												
2. 1993.....												.0
3. 1994.....	XXX											.0
4. 1995.....	XXX	XXX										.0
5. 1996.....	XXX	XXX	XXX									.0
6. 1997.....	XXX	XXX	XXX	XXX								.0
7. 1998.....	XXX	XXX	XXX	XXX	XXX							.0
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX						.0
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					.0
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
13. Earned Premiums (Sch. 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 Current Year Premiums Earned
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002	
1. Prior.....		2	0	(2)				(1)	2	0	(1)
2. 1993.....	1,148	1,393	1,418	1,421	1,424	1,423	1,426	1,426	1,426	1,426	0
3. 1994.....	XXX	463	551	552	552	553	551	551	551	551	0
4. 1995.....	XXX	XXX	380	406	406	406	406	406	406	406	0
5. 1996.....	XXX	XXX	XXX	399	443	447	447	447	447	447	
6. 1997.....	XXX	XXX	XXX	XXX	387	437	437	437	437	436	(1)
7. 1998.....	XXX	XXX	XXX	XXX	XXX	464	532	532	532	531	(1)
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	512	554	553	553	(0)
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	456	569	570	1
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	986	1,094	108
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	966	966
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,071
13. Earned Premiums (P-Pt.1)	1,148	771	519	507	440	518	582	497	1,102	1,071	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002	
1. Prior.....								(1)	1	0	(1)
2. 1993.....	363	398	399	398	398	398	398	398	398	398	
3. 1994.....	XXX	XXX									0
4. 1995.....	XXX	XXX	XXX								0
5. 1996.....	XXX	XXX	XXX	XXX							0
6. 1997.....	XXX	XXX	XXX	XXX	XXX						0
7. 1998.....	XXX	XXX	XXX	XXX	XXX	XXX					0
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)
13. Earned Premiums (P-Pt.1)	363	54	21	70	2	(2)	0	(1)	3	(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 Current Year Premiums Earned
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002	
1. Prior.....		1		(1)		(0)	(0)			0	
2. 1993.....	673	738	741	741	741	741	741	741	741	741	
3. 1994.....	XXX	384	459	460	460	460	460	460	460	460	
4. 1995.....	XXX	XXX	417	464	464	464	464	464	464	464	
5. 1996.....	XXX	XXX	XXX	390	435	435	435	435	435	435	
6. 1997.....	XXX	XXX	XXX	XXX	365	417	417	417	417	417	(0)
7. 1998.....	XXX	XXX	XXX	XXX	XXX	440	497	500	500	500	(0)
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	484	550	550	551	0
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	419	517	525	8
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,014	1,188	174
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	753	753
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	935
13. Earned Premiums (P-Pt.1)	673	451	493	438	410	493	541	489	1,112	935	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002	
1. Prior.....										0	
2. 1993.....										0	
3. 1994.....	XXX									0	
4. 1995.....	XXX	XXX								0	
5. 1996.....	XXX	XXX	XXX							0	
6. 1997.....	XXX	XXX	XXX	XXX	XXX					0	
7. 1998.....	XXX	XXX	XXX	XXX	XXX	XXX				0	
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (P-Pt.1)											XXX

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2002 OF TIAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

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 Current Year Premiums Earned
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002	
1. Prior.....											
2. 1993.....	273	273	273	273	273	273	273	273	273	273	
3. 1994.....	XXX	267	267	267	267	267	267	267	267	267	
4. 1995.....	XXX	XXX	240	240	240	240	240	240	240	240	
5. 1996.....	XXX	XXX	XXX	234	234	234	234	234	234	234	
6. 1997.....	XXX	XXX	XXX	XXX	224	224	224	224	224	224	
7. 1998.....	XXX	XXX	XXX	XXX	XXX	302	302	302	302	302	
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	302	302	302	302	
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	333	333	333	
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	379	379	
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	447	447
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	447
13. Earned Premiums (Sch. P-Pt 1).....	273	267	240	234	224	302	302	333	378	447	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002	
1. Prior.....			3	1	3	6	3	3	3	0	
2. 1993.....	52	52	52	52	52	52	52	52	52	52	
3. 1994.....	XXX	19	20	20	21	21	21	21	21	21	1
4. 1995.....	XXX	XXX	18	17	17	17	17	17	17	15	(1)
5. 1996.....	XXX	XXX	XXX	16	15	15	16	16	15	16	1
6. 1997.....	XXX	XXX	XXX	XXX	11	10	11	11	10	10	
7. 1998.....	XXX	XXX	XXX	XXX	XXX	14	14	14	14	14	
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX	14	14	14	16	2
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	14	14	
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	10	
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	11
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13
13. Earned Premiums (Sch. P-Pt 1).....	52	22	20	18	16	17	18	16	9	13	XXX

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 Current Year Premiums Earned
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002	
1. Prior.....											
2. 1993.....											0
3. 1994.....	XXX										0
4. 1995.....	XXX	XXX									0
5. 1996.....	XXX	XXX	XXX								0
6. 1997.....	XXX	XXX	XXX	XXX							0
7. 1998.....	XXX	XXX	XXX	XXX	XXX						0
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch. 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 Current Year Premiums Earned
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002	
1. Prior.....											
2. 1993.....											0
3. 1994.....	XXX										0
4. 1995.....	XXX	XXX									0
5. 1996.....	XXX	XXX	XXX								0
6. 1997.....	XXX	XXX	XXX	XXX							0
7. 1998.....	XXX	XXX	XXX	XXX	XXX						0
8. 1999.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2000.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2001.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2002.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch. P-Pt 1).....											XXX

**Sch. P-Pt. 7A-Sn. 1**  
**NONE**

**Sch. P-Pt. 7A-Sn. 2**  
**NONE**

**Sch. P-Pt. 7A-Sn. 3**  
**NONE**

**Sch. P-Pt. 7A-Sn. 4**  
**NONE**

**Sch. P-Pt. 7A-Sn. 5**  
**NONE**

**Sch. P-Pt. 7B-Sn. 1**  
**NONE**

**Sch. P-Pt. 7B-Sn. 2**  
**NONE**

**Sch. P-Pt. 7B-Sn. 3**  
**NONE**

**Sch. P-Pt. 7B-Sn. 4**  
**NONE**

**Sch. P-Pt. 7B-Sn. 5**  
**NONE**

**Sch. P-Pt. 7B-Sn. 6**  
**NONE**

**Sch. P-Pt. 7B-Sn. 7**  
**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2002 OF TIAMERICAN HARDWARE MUTUAL INSURANCE COMPANY  
SCHEDULE P INTERROGATORIES**

1. What is the extended loss and expense reserve - direct and assumed - for the following classes? An example of an extended loss and expense reserve is the actuarial reserve for the free-tail coverage arising upon death, disability or retirement in most medical malpractice policies. Such a liability is to be reported here even if it was not reported elsewhere in Schedule P, but otherwise reported as a liability item on Page 3. Show the full reserve amount, not just the change during the current year.

Years in Which Premiums Were Earned and Losses Were Incurred	1 Medical Malpractice	2 Other Liability	3 Products Liability
1.01 Prior.....	0	0	0
1.02 1993.....	0	0	0
1.03 1994.....	0	0	0
1.04 1995.....	0	0	0
1.05 1996.....	0	0	0
1.06 1997.....	0	0	0
1.07 1998.....	0	0	0
1.08 1999.....	0	0	0
1.09 2000.....	0	0	0
1.10 2001.....	0	0	0
1.11 2002.....	0	0	0
1.12 Totals.....	0	0	0

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 [ X ]    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 [ X ]    No [ ]

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

If Yes, proper reporting 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	.....178
5.2 Surety	.....34

6. Claim count information is reported (check one). 6.1 per claim .....  
6.2 per claimant .....X.....

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 which have occurred which must be considered when making such analyses? Yes [ X ]    No [ ]

7.2 An extended statement may be attached.  
Effective January 1, 2002, the reinsurance pooling agreement between Motorists Mutual Insurance Company and its affiliates, American Hardware Mutual Insurance Company and American Merchants Casualty Company was amended to include another affiliated insurer, Wilson Mutual Insurance Company. The participation percentages for business pooled retroactive to January 1, 1993 were changed to the following: 75% for Motorists Mutual, 19% for American Hardware, 3% for American Merchants and 3% for Wilson Mutual.

Effective December 31, 2002, the pooling agreement was amended to include the runoff of loss and expense reserves associated with accident year 1992 and prior claims. For comparative purposes, the historical data presented in the enclosed Schedule P exhibits has been restated to reflect the reporting company's share of the combined pool business as if the pooling arrangement had been in effect for all calendar years shown in Schedule P. For additional information on intercompany pooling, see note 25 in the Notes to the Financial Statement.

ANNUAL STATEMENT FOR THE YEAR 2002 OF THAMERICAN HARDWARE MUTUAL INSURANCE COMPANY

**SCHEDULE Y (Continued)**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
<b>Affiliated Transactions</b>												
.....	41-1563134.....	AHM Insurance Agency, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
13331.....	41-0299900.....	American Hardware Mutual Insurance Company.....	.....	.....(264,000)	.....	.....	.....(86,957)	.....	.....*	.....	.....(350,957)	.....27,934,368
43630.....	41-1563136.....	American Merchants Casualty Company.....	.....	.....	.....	.....	.....(13,043)	.....	.....*	.....	.....(13,043)	.....(14,757,013)
40932.....	31-1022150.....	MICO Insurance Company.....	.....(2,660,175)	.....	.....	.....	.....	.....1,169	.....	.....	.....(2,659,006)	.....119,278
14621.....	31-4259550.....	Motorists Mutual Insurance Company.....	.....2,660,175	.....(264,000)	.....	.....	.....4,000	.....(1,169)	.....*	.....	.....2,399,006	.....(16,248,603)
.....	43-1991815.....	Motorists Reinsurance Corporation.....	.....	.....550,000	.....	.....	.....	.....	.....	.....	.....550,000	.....
.....	31-0851906.....	Motorists Service Corporation.....	.....	.....	.....	.....	.....96,000	.....	.....	.....	.....96,000	.....
19950.....	39-0739760.....	Wilson Mutual Insurance Company.....	.....	.....(22,000)	.....	.....	.....	.....	.....*	.....	.....(22,000)	.....2,951,970
9999999.....	Control Totals.....	.....	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX	.....0	.....0	.....0

\*The following affiliated companies participate in a reinsurance pooling arrangement at the percentage shown:

Motorists Mutual Insurance Company	75%
American Hardware Mutual Insurance Company	19%
Wilson Mutual Insurance Company	3%
American Merchants Casualty Company	3%

# ANNUAL STATEMENT FOR THE YEAR 2002 OF THE AMERICAN HARDWARE MUTUAL INSURANCE COMPANY SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

### MARCH FILING

1. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed by March 1?
2. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
3. Will the Financial Guaranty Insurance Exhibit be filed March 1?
4. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
5. Will an actuarial opinion be filed by March 1?
6. Will the SVO Compliance Certification be filed by March 1?
7. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
8. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
9. Will the Risk-Based Capital Report be filed with the NAIC by March 1?
10. Will the Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?
11. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?

### RESPONSES

	NO
	NO
	NO
	YES
	YES
	YES
	NO
	YES
	YES
	YES
	NO

### APRIL FILING

12. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?
13. Will Management's Discussion and Analysis be filed by April 1?
14. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?
15. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
16. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
17. Will the Investment Risk Interrogatories be filed by April 1?

	YES
	YES
	NO
	NO
	YES
	YES

### MAY FILING

18. Will this company be included in a combined annual statement which is filed with the NAIC by May 1?

	YES
--	-----

### JUNE FILING

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

	YES
--	-----

**EXPLANATIONS:**

**BAR CODE:**



**Overflow Page for Write-Ins**

**Additional Write-ins for Assets:**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504. Rent receivable.....	10,151	10,151	0	
2505. Miscellaneous receivable.....	6,437	6,437	0	94,696
2506. Bills receivable not taken for premiums.....	2,191	2,191	0	
2597. Summary of remaining write-ins for Line 25.....	18,779	18,779	0	94,696

**Additional Write-ins for Liabilities:**

	1 Current Year	2 Prior Year
2304. Charge for future rent obligations.....	86,936	172,951
2305. Miscellaneous liabilities.....	43,388	66,757
2306. State surcharges payable.....	43,117	24,435
2307. Premium deficiency reserve.....	32,680	123,600
2308. Reinsurance assumed overhead payable.....	23,594	59,202
2397. Summary of remaining write-ins for Line 23.....	229,715	446,945

**Additional Write-ins for Statement of Income:**

	1 Current Year	2 Prior Year
1404. Interest on other than securities.....	74	2,784
1497. Summary of remaining write-ins for Line 14.....	74	2,784

**Additional Write-ins for Underwriting and Investment Exhibit-Part 3:**

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
2404. Other unallocated expenses.....	999,324			999,324
2405. Policy administration/servicing fees.....	(1,531)	11,028		9,497
2406. Reinsurance assumed overhead.....		150,198		150,198
2407. Computer service bureau.....	47,060	45,498		92,558
2497. Summary of remaining write-ins for Line 24.....	1,044,853	206,724	0	1,251,577

**Additional Write-ins for Exhibit 1:**

	1 End of Current Year	2 End of Prior Year	3 Changes for Year (Increase) Decrease
0404. Miscellaneous receivables.....	6,437	4,631	(1,806)
0405. Bills receivable not taken for premiums.....	2,191	2,904	713
0497. Summary of remaining write-ins for Line 4.....	8,628	7,535	(1,093)

**Overflow Page for Write-Ins**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Alaska

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Inurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.AK

### 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..... P.O. Box 435 Minneapolis MN 55440
  - 2.2 Contact person and phone number..... Pam Haynes 952-930-7370
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... P.O. Box 435 Minneapolis MN 55440
  - 3.2 Contact person and phone number..... Pam Haynes 952-930-7370
4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Alabama

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MEDICAL

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Arkansas

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.AR

### 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..... P.O. Box 435 Minneapolis MN 55440
  - 2.2 Contact person and phone number..... Pam Haynes 952-930-7370
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... P.O. Box 435 Minneapolis MN 55440
  - 3.2 Contact person and phone number..... Pam Haynes 952-930-7370
4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Arizona

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.AZ

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
FOR THE STATE OF.....

NAIC Group Code.....291  
Address (City, State and Zip Code).....Columbus, OH 43215  
Person Completing This Exhibit.....James E. Vermillior  
Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.BK

**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..... P.O. Box 435 Minneapolis MN 55440
  - 2.2 Contact person and phone number..... Pam Haynes 952-930-7370
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... P.O. Box 435 Minneapolis MN 55440
  - 3.2 Contact person and phone number..... Pam Haynes 952-930-7370
4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....California

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																		
.....YES.....	All forms.....	J.....	.....NO.....	...0200560.....	01/30/1983	.....	.....	08/30/1987	Not marketed.....	.....6,912	.....19,938	.....288.5	.....6	.....	.....	.....0.0	.....	.....
0199999. Total Policy Experience on Individual Policies.....										.....6,912	.....19,938	.....288.5	.....6	.....0	.....0	.....0.0	.....	.....0

MED.CA

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details.....
- 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.
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Colorad

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																		
.....Yes.....	All forms.....	J.....	.....No.....	...0200560.....	11/30/1983	.....	.....	08/30/1987	Not marketed.....	.....3,379	.....5,508	.....163.0	.....3	.....	.....0.0	.....	.....	.....
0199999. Total Policy Experience on Individual Policies.....										.....3,379	.....5,508	.....163.0	.....3	.....0	.....0	.....0.0	.....	.....0

MED.CO

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details.....
- 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.
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF .....Connecticu

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Inurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED. CT

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....District of Columbia

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.DC

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Delaware

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.DE

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Florida

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.FL

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Georgia

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.GA

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Hawai

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Inurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.HI

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Iowa

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Inurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.1A

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Idahc

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	14 Incurred Claims		15 Premiums Earned	18 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																	
.....Yes.....	All forms.....	J.....	.....No.....	...0200560.....	10/30/1983	.....	.....	08/30/1987	Not marketed.....	.....2,880	.....6,151	.....213.6	.....3	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										.....2,880	.....6,151	.....213.6	.....3	.....0	.....0	.....0.0	.....0

MED.ID

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details.....
- 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.
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Illinois

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims	
		16 Amount	17 Percent of Premiums Earned														

MED.I.L

### 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..... P.O. Box 435 Minneapolis MN 55440
  - 2.2 Contact person and phone number..... Pam Haynes 952-930-7370
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... P.O. Box 435 Minneapolis MN 55440
  - 3.2 Contact person and phone number..... Pam Haynes 952-930-7370
4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Indiana

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.IN

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".





## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Kentucky

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Inurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.KY

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Louisiana

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Inurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.LA

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Massachusetts

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.MA

### 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..... P.O. Box 435 Minneapolis MN 55440
  - 2.2 Contact person and phone number..... Pam Haynes 952-930-7370
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... P.O. Box 435 Minneapolis MN 55440
  - 3.2 Contact person and phone number..... Pam Haynes 952-930-7370
4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Maryland

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.MD

### 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..... P.O. Box 435 Minneapolis MN 55440
  - 2.2 Contact person and phone number..... Pam Haynes 952-930-7370
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... P.O. Box 435 Minneapolis MN 55440
  - 3.2 Contact person and phone number..... Pam Haynes 952-930-7370
4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Maine

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.ME

### 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..... P.O. Box 435 Minneapolis MN 55440
  - 2.2 Contact person and phone number..... Pam Haynes 952-930-7370
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... P.O. Box 435 Minneapolis MN 55440
  - 3.2 Contact person and phone number..... Pam Haynes 952-930-7370
4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Michigar

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.MI

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Minnesota

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																		
.....Yes.....	All forms.....	J.....	.....No.....	...0200560.....	01/01/1983	.....	.....	08/30/1987	Not marketed.....	.....7,758	.....8,027	.....103.5	.....3	.....	.....	.....0.0	.....	.....
0199999. Total Policy Experience on Individual Policies.....										.....7,758	.....8,027	.....103.5	.....3	.....0	.....0	.....0.0	.....0	.....0

MED.MN

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details.....
- 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.
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Missour

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																		
.....Yes.....	All forms.....	J.....	.....No.....	...0200560.....	11/15/1983	.....	.....	08/30/1987	Not marketed.....	.....2,727	.....4,051	.....148.6	.....2	.....	.....	.....0.0	.....	.....
0199999. Total Policy Experience on Individual Policies.....										.....2,727	.....4,051	.....148.6	.....2	.....0	.....0	.....0.0	.....	.....0

MED.MO

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Mississippi

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.MS

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Montana

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Inurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.MT

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....North Carolina

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																		
.....Yes.....	All forms.....	J.....	.....No.....	...0200560.....	01/30/1983	.....	.....	08/30/1987	Not marketed.....	.....2,031	.....5,165	.....254.2	.....1	.....	.....	.....0.0	.....	.....
0199999. Total Policy Experience on Individual Policies.....										.....2,031	.....5,165	.....254.2	.....1	.....0	.....0	.....0.0	.....0	.....0

MED.NC

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details.....
- 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.
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....North Dakota

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																		
.....Yes.....	All forms.....	J.....	.....No.....	...0200560.....	01/30/1983	.....	.....	08/30/1987	Not marketed.....	.....6,504	.....13,996	.....215.2	.....5	.....	.....	.....0.0	.....	.....
0199999. Total Policy Experience on Individual Policies.....										.....6,504	.....13,996	.....215.2	.....5	.....0	.....0	.....0.0	.....0	.....0

MED.ND

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details.....
- 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.
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Nebraska

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.NE

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....New Hampshire

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.NH

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....New Jersey

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.NJ

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....New Mexicc

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Inurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.NM

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Nevada

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.NV

### 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..... P.O. Box 435 Minneapolis MN 55440
  - 2.2 Contact person and phone number..... Pam Haynes 952-930-7370
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... P.O. Box 435 Minneapolis MN 55440
  - 3.2 Contact person and phone number..... Pam Haynes 952-930-7370
4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....New York

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.NY

### 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..... P.O. Box 435 Minneapolis MN 55440
  - 2.2 Contact person and phone number..... Pam Haynes 952-930-7370
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... P.O. Box 435 Minneapolis MN 55440
  - 3.2 Contact person and phone number..... Pam Haynes 952-930-7370
4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Ohio

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																		
.....Yes.....	All forms.....	J.....	.....No.....	...0200560.....	01/01/1983	.....	.....	08/30/1987	Not marketed.....	.....62,939	.....73,525	.....116.8	.....17	.....	.....	.....0.0	.....	.....
0199999. Total Policy Experience on Individual Policies.....										.....62,939	.....73,525	.....116.8	.....17	.....0	.....0	.....0.0	.....0	.....0

MED.OH

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details.....
- 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.
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Oklahoma

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Inurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED. OK

### 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..... P.O. Box 435 Minneapolis MN 55440
  - 2.2 Contact person and phone number..... Pam Haynes 952-930-7370
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... P.O. Box 435 Minneapolis MN 55440
  - 3.2 Contact person and phone number..... Pam Haynes 952-930-7370
4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Oregon

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED. OR

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Pennsylvania

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Inurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.PA

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details.....
- 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.
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Rhode Island

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.RI

### 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..... P.O. Box 435 Minneapolis MN 55440
  - 2.2 Contact person and phone number..... Pam Haynes 952-930-7370
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... P.O. Box 435 Minneapolis MN 55440
  - 3.2 Contact person and phone number..... Pam Haynes 952-930-7370
4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF .....South Carolin

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.SC

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....South Dakota

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
<b>Individual Policies</b>																			
.....Yes.....	All forms.....	J.....	.....No.....	...0200560.....	06/30/1983	.....	.....	08/30/1987	Not marketed.....	.....2,031	.....3,073	.....151.3	.....1	.....	.....	.....0.0	.....	.....	
0199999. Total Policy Experience on Individual Policies.....										.....2,031	.....3,073	.....151.3	.....1	.....0	.....0	.....0.0	.....0	.....0.0	.....0

MED.SD

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details.....
- 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.
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... P.O. Box 435 Minneapolis MN 55440
  - Contact person and phone number..... Pam Haynes 952-930-7370
- Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Tennessee

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.TN

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Texas

NAIC Group Code.....291  
 Address (City, State and Zip Code).....Columbus, OH 43215  
 Person Completing This Exhibit.....James E. Vermillior  
 Title.....Vice President, Accounting Divisor

NAIC Company Code.....13331  
 Telephone Number.....614-225-8331

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.TX

### 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..... P.O. Box 435 Minneapolis MN 55440
  - 2.2 Contact person and phone number..... Pam Haynes 952-930-7370
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... P.O. Box 435 Minneapolis MN 55440
  - 3.2 Contact person and phone number..... Pam Haynes 952-930-7370
4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Utah

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	18 Incurring Claims		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.UT

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Virginia

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.VA

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Vermont

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.VT

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Washington

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.WA

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Wisconsin

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Inurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.WI

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....West Virginia

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.WV

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Wyoming

NAIC Group Code.....291

NAIC Company Code.....13331

Address (City, State and Zip Code).....Columbus, OH 43215

Person Completing This Exhibit.....James E. Vermillior

Telephone Number.....614-225-8331

Title.....Vice President, Accounting Divisor

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	18 Incurring Claims		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED.WY

### 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..... P.O. Box 435 Minneapolis MN 55440

2.2 Contact person and phone number..... Pam Haynes 952-930-7370

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... P.O. Box 435 Minneapolis MN 55440

3.2 Contact person and phone number..... Pam Haynes 952-930-7370

4. Explain any policies identified as policy type "O".