



QUARTERLY STATEMENT
AS OF March 31, 2011
OF THE CONDITION AND AFFAIRS OF THE
ALL AMERICA INSURANCE COMPANY

NAIC Group Code	0036 (Current Period)	0036 (Prior Period)	NAIC Company Code	20222	Employer's ID Number	34-0935740
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OHIO	
Country of Domicile	United States of America					
Incorporated/Organized	04/12/1961		Commenced Business		08/01/1961	
Statutory Home Office	800 SOUTH WASHINGTON STREET (Street and Number)		VAN WERT, OH 45891-2357 (City, or Town, State and Zip Code)			
Main Administrative Office	800 SOUTH WASHINGTON STREET (Street and Number)		VAN WERT, OH 45891-2357 (City or Town, State and Zip Code)		(419)238-1010 (Area Code) (Telephone Number)	
Mail Address	P.O. BOX 351 (Street and Number or P.O. Box)		VAN WERT, OH 45891-0351 (City, or Town, State and Zip Code)			
Primary Location of Books and Records	800 SOUTH WASHINGTON STREET (Street and Number)		VAN WERT, OH 45891-2357 (City, or Town, State and Zip Code)		(419)238-1010 (Area Code) (Telephone Number)	
Internet Web Site Address	WWW.CENTRAL-INSURANCE.COM					
Statutory Statement Contact	THAD RYAN EIKENBARY (Name)		TEIKENBARY@CENTRAL-INSURANCE.COM (E-Mail Address)		(419)238-5551-2437 (Area Code)(Telephone Number)(Extension)	
					(419)238-7626 (Fax Number)	

OFFICERS

Name	Title
FRANCIS WALWORTH PURMORT III	PRESIDENT
EDWARD RAY BUHL	SECRETARY
THAD RYAN EIKENBARY	TREASURER

OTHERS

MICHAEL PATRICK GUTH, SR. VICE PRESIDENT
PATRICK JOHN JACKSON, VICE PRESIDENT
JANA LOU RINGWALD, VICE PRESIDENT
PAUL CHARLES WOIROL, SR. VICE PRESIDENT

JEFFREY LEE HANSON, CHIEF FINANCIAL OFFICER
STEPHEN KEITH MOORE, VICE PRESIDENT
JANET LYNN WHITE, VICE PRESIDENT

DIRECTORS OR TRUSTEES

JEFFREY LEE HANSON
RODGER SANFORD LAWSON
FRANCIS WALWORTH PURMORT III

THOMAS B KEARNEY
DREW PENNINGTON MACONACHY
CHARLES ALLAN RUNSER

State of Ohio
County of Van Wert ss

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

(Signature)
FRANCIS WALWORTH PURMORT III

(Printed Name)
1.
PRESIDENT
>Title)

(Signature)
EDWARD RAY BUHL

(Printed Name)
2.
SECRETARY
>Title)

(Signature)
THAD RYAN EIKENBARY

(Printed Name)
3.
TREASURER
>Title)

Subscribed and sworn to before me this
9th day of May, 2011

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

Yes[X] No[]

(Notary Public Signature)

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	195,237,672		195,237,672	191,309,577
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	539,431	537,814	1,617	1,617
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....31,397), cash equivalents (\$.....0) and short-term investments (\$.....499,024)	530,421		530,421	2,890,674
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets	13,303,159		13,303,159	13,226,104
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	209,610,683	537,814	209,072,869	207,427,972
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	2,776,018		2,776,018	2,669,281
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	3,924,183	118,703	3,805,480	5,639,027
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)	20,042,291		20,042,291	19,665,047
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	525,848		525,848	1,727,216
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	960,000		960,000	960,000
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset	8,026,846	3,721,715	4,305,131	4,374,501
19. Guaranty funds receivable or on deposit	82,988		82,988	102,331
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	322,097		322,097	525,241
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	246,270,954	4,378,232	241,892,722	243,090,616
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	246,270,954	4,378,232	241,892,722	243,090,616
DETAILS OF WRITE-INS				
1101. 0				
1102. 0				
1103. 0				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. EQUITIES & DEPOSITS IN POOLS & ASSOCIATIONS	322,097		322,097	525,241
2502. 0				
2503. 0				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	322,097		322,097	525,241

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31 Prior Year
1.	Losses (current accident year \$.....7,999,546)	70,254,583	69,743,352
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses	26,971,109	25,948,816
4.	Commissions payable, contingent commissions and other similar charges	1,243,740	944,000
5.	Other expenses (excluding taxes, licenses and fees)	2,211,777	2,062,587
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	713,467	706,228
7.1	Current federal and foreign income taxes (including \$.....933 on realized capital gains (losses))		
7.2	Net deferred tax liability		
8.	Borrowed money \$.....0 and interest thereon \$.....0		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....20,287,483 and including warranty reserves of \$.....0)	40,438,382	42,975,329
10.	Advance premium	834,703	751,310
11.	Dividends declared and unpaid:		
11.1	Stockholders		
11.2	Policyholders	108,817	126,239
12.	Ceded reinsurance premiums payable (net of ceding commissions)	928,195	896,361
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others	721,310	721,310
15.	Remittances and items not allocated		
16.	Provision for reinsurance	777	777
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates	815,774	325,811
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$.....0 and interest thereon \$.....0		
25.	Aggregate write-ins for liabilities	133,950	196,594
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	145,376,584	145,398,714
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	145,376,584	145,398,714
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock	5,250,000	5,250,000
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus	1,302,000	1,302,000
35.	Unassigned funds (surplus)	89,964,138	91,139,902
36.	Less treasury stock, at cost:		
36.1	.....0 shares common (value included in Line 30 \$.....0)		
36.2	.....0 shares preferred (value included in Line 31 \$.....0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	96,516,138	97,691,902
38.	Totals (Page 2, Line 28, Col. 3)	241,892,722	243,090,616
DETAILS OF WRITE-INS			
2501.	Reserve for NC Auto Escrow		59,686
2502.	Reserve for Escheats	133,950	136,908
2503.	0		
2598.	Summary of remaining write-ins for Line 25 from overflow page		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	133,950	196,594
2901.			
2902.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page		
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.			
3202.			
3203.			
3298.	Summary of remaining write-ins for Line 32 from overflow page		
3299.	TOTALS (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME				
1.	Premiums earned			
1.1	Direct (written \$.....8,374,913)	11,339,089	14,047,665	55,138,680
1.2	Assumed (written \$.....17,024,538)	19,417,489	22,585,074	89,507,529
1.3	Ceded (written \$.....8,374,913)	11,339,090	15,391,509	62,126,496
1.4	Net (written \$.....17,024,538)	19,417,488	21,241,230	82,519,713
DEDUCTIONS:				
2.	Losses incurred (current accident year \$.....13,544,821)			
2.1	Direct	11,832,773	11,830,162	38,865,480
2.2	Assumed	14,453,758	15,113,660	63,842,159
2.3	Ceded	11,832,757	11,830,166	38,865,485
2.4	Net	14,453,774	15,113,656	63,842,154
3.	Loss adjustment expenses incurred	2,723,811	1,950,374	7,551,574
4.	Other underwriting expenses incurred	5,709,734	6,732,121	25,226,017
5.	Aggregate write-ins for underwriting deductions	(59,686)	460	(121,366)
6.	Total underwriting deductions (Lines 2 through 5)	22,827,633	23,796,611	96,498,379
7.	Net income of protected cells			
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(3,410,145)	(2,555,381)	(13,978,666)
INVESTMENT INCOME				
9.	Net investment income earned	1,970,484	1,893,398	8,342,984
10.	Net realized capital gains (losses) less capital gains tax of \$.....933	1,733	14,935	161,412
11.	Net investment gain (loss) (Lines 9 + 10)	1,972,217	1,908,333	8,504,396
OTHER INCOME				
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....18,581)	(18,581)	(53,969)	(234,311)
13.	Finance and service charges not included in premiums	144,945	162,610	637,367
14.	Aggregate write-ins for miscellaneous income	171,977	8,288	8,419
15.	Total other income (Lines 12 through 14)	298,341	116,929	411,475
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(1,139,587)	(530,119)	(5,062,795)
17.	Dividends to policyholders	75,672	45,149	386,999
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	(1,215,259)	(575,268)	(5,449,794)
19.	Federal and foreign income taxes incurred	(933)	(8,042)	251,654
20.	Net income (Line 18 minus Line 19) (to Line 22)	(1,214,326)	(567,226)	(5,701,448)
CAPITAL AND SURPLUS ACCOUNT				
21.	Surplus as regards policyholders, December 31 prior year	97,691,900	103,131,589	103,131,589
22.	Net income (from Line 20)	(1,214,326)	(567,226)	(5,701,448)
23.	Net transfers (to) or from Protected Cell accounts			
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$.....(5,676)	99,848	363,389	301,380
25.	Change in net unrealized foreign exchange capital gain (loss)			
26.	Change in net deferred income tax	(5,172)	314,966	78,225
27.	Change in nonadmitted assets	(56,136)	(550,536)	(117,069)
28.	Change in provision for reinsurance			(777)
29.	Change in surplus notes			
30.	Surplus (contributed to) withdrawn from Protected cells			
31.	Cumulative effect of changes in accounting principles			
32.	Capital changes:			
32.1	Paid in			
32.2	Transferred from surplus (Stock Dividend)			
32.3	Transferred to surplus			
33.	Surplus adjustments:			
33.1	Paid in			
33.2	Transferred to capital (Stock Dividend)			
33.3	Transferred from capital			
34.	Net remittances from or (to) Home Office			
35.	Dividends to stockholders			
36.	Change in treasury stock			
37.	Aggregate write-ins for gains and losses in surplus			
38.	Change in surplus as regards policyholders (Lines 22 through 37)	(1,175,786)	(439,407)	(5,439,689)
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	96,516,114	102,692,182	97,691,900
DETAILS OF WRITE-INS				
0501.	North Carolina Auto Escrow Expense	(59,686)	460	(121,366)
0502.				
0503.				
0598.	Summary of remaining write-ins for Line 5 from overflow page			
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	(59,686)	460	(121,366)
1401.	MISCELLANEOUS INCOME	171,977	8,288	8,419
1402.	0			
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	171,977	8,288	8,419
3701.	0			
3702.				
3703.				
3798.	Summary of remaining write-ins for Line 37 from overflow page			
3799.	TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)			

STATEMENT AS OF **March 31, 2011** OF THE **ALL AMERICA INSURANCE COMPANY**
CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	18,498,941	20,221,135	82,191,003
2.	Net investment income	2,097,873	1,978,248	9,093,773
3.	Miscellaneous income	298,341	116,929	411,475
4.	Total (Lines 1 to 3)	20,895,155	22,316,312	91,696,251
5.	Benefit and loss related payments	12,741,203	13,620,483	60,849,755
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	6,900,525	9,788,478	33,052,463
8.	Dividends paid to policyholders	93,094	108,817	478,062
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			(1,371,694)
10.	Total (Lines 5 through 9)	19,734,822	23,517,778	93,008,586
11.	Net cash from operations (Line 4 minus Line 10)	1,160,333	(1,201,466)	(1,312,335)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	4,539,000	4,975,975	24,538,488
12.2	Stocks			
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds		(500,000)	(500,000)
12.8	Total investment proceeds (Lines 12.1 to 12.7)	4,539,000	4,475,975	24,038,488
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	8,698,559	8,641,460	24,459,020
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications			
13.7	Total investments acquired (Lines 13.1 to 13.6)	8,698,559	8,641,460	24,459,020
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	(4,159,559)	(4,165,485)	(420,532)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	638,973	3,119,705	2,238,724
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	638,973	3,119,705	2,238,724
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(2,360,253)	(2,247,246)	505,857
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	2,890,672	2,384,815	2,384,815
19.2	End of period (Line 18 plus Line 19.1)	530,419	137,569	2,890,672

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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Notes to Financial Statement**NOTES TO FINANCIAL STATEMENTS**

Summary of Significant Accounting Policies**A. Accounting Practices**

The financial statements of All America Insurance Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual - Version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio. The Commissioner of Insurance has the right to

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and differ from those estimates.

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, All America Insurance Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Common stocks are stated at market value except investments in stocks of uncombined
- (4) Preferred stocks are stated at market value except qualified sinking fund preferreds which are stated at amortized cost.
- (5) All America Insurance Company has no mortgage loans on real estate.
- (6) Loan-backed securities are stated at amortized cost. Prepayment assumptions for loan-backed bonds and structured securities are obtained from dealer surveys. These assumptions are consistent with the current interest rate and economic environment. The prospective adjustment method is used to value these securities.
- (7) Central Mutual Insurance Company owns 100% of the common stock of All America Insurance Company, a property and casualty insurance company. Central Mutual Insurance Company owns 100% of Security Central, a holding company. Stocks held in all subsidiaries are carried at their Admitted Asset Equivalent.
- (8) All America Insurance Company has no investments in joint ventures, partnerships or limited liability companies.
- (9) All America Insurance Company owns no derivatives.
- (10) All America Insurance Company anticipates investment income as a factor in the premium.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.

Notes to Financial Statement**Income Taxes**

A. The components of the net deferred tax asset / (liability) at March 31 are as follows:

	2011	2010
	CHANGE	CHANGE
(1) Total of all deferred tax assets (admitted and nonadmitted)	\$ 8,647	\$ 121,130
(2) Total of all deferred tax liabilities	\$ 8,143	\$ (14,342)
(3) Total deferred tax assets nonadmitted in accordance with SSAP No. 10, Income Taxes	\$ 69,874	\$ 315,613
(4) Increase (decrease) in deferred tax assets nonadmitted	\$ (245,739)	\$ 151,912

Deferred tax liabilities not recognized: **NONE**

Current income taxes incurred consist of the following major components:

	2011	2010
	CHANGE	CHANGE
(1) Current tax expense or benefit:	\$ (338,568)	\$ 1,961,897
(2) Change in DTA's or DTL's	\$ 180,645	\$ 101,276
(3) Investment tax credit	\$ -	\$ -
(4) Benefits of operating loss carry forwards	\$ -	\$ -
(5) Adjustments of a DTA or DTL for enacted changes in tax laws or rates or a change in the tax status of the reporting entity	\$ -	\$ -
0199. Current income taxes incurred	\$ -	\$ 1,587,695

The main components of the 2011 deferred tax amounts are as follows:

A's	Statutory	Tax	Difference	Tax Effect
Reserves	\$ 139,968,572	\$ 121,724,679	\$ 18,243,893	\$ 6,385,363
Accrued deferred compensation	\$ 1,193,813	\$ 0	\$ 1,193,813	\$ 417,834
0299. Total DTA's	\$ 144,758,701	\$ 121,399,145	\$ 23,359,557	\$ 8,175,845
0399. DTA's nonadmitted	\$ 0	\$ 0	\$ 10,663,470	\$ 3,721,715

L's	Statutory	Tax	Difference	Tax Effect
Bonds	\$ 40,863	\$ 0	\$ 40,863	\$ 14,302
0499. Total DTL's	\$ 3,768,147	\$ 3,342,436	\$ 425,711	\$ 148,999

The changes in main components of DTA's and DTL's are as follows:

DTA's resulting from book/tax differences in:	2011	2010
	CHANGE	CHANGE
Reserves	\$ (17,055)	\$ 14,914
Accrued deferred compensation	\$ 7,202	\$ 3,953
0599. Total DTA's	\$ 8,647	\$ 121,130
0699. DTA's nonadmitted	\$ 69,874	\$ 315,613

DTL's resulting from book/tax differences in:	2011	2010
	CHANGE	CHANGE
Bonds	\$ (146)	\$ (3,582)
0799. Total DTL's	\$ 8,143	\$ (14,342)

Among the more significant book to tax adjustments were the following:

	Amount	Tax Effect
Income before taxes	\$ (1,267,918)	\$ (443,771)
Book over tax reserves	\$ 65,786	\$ 23,025
Depreciation	\$ 0	\$ 0
Accrued market discount	\$ 3,608	\$ 1,263
Tax exempt interest	\$ 890,487	\$ 311,670
Dividend received deduction	\$ 0	\$ 0
Accrued dividends	\$ 0	\$ 0
Accrued deferred compensation	\$ 75,976	\$ 26,592
0399. Total adjustments	\$ (1,076,620)	\$ (376,817)
0499. Taxable income	\$ (2,344,538)	\$ (820,588)

- (1) At December 31, 2010, Central Mutual Insurance Company had no operating loss carry forwards.
- (2) The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

2010	-0-
2009	-0-
2008	-0-
2007	\$2,950,002

Notes to Financial Statement

(1) All America Insurance Company's Federal Income Tax return is consolidated with the following entities:

Central Mutual Insurance Company
Cafco, Inc.
Central Insurex Agency
CMI Lloyds
Security Central Corp

(2) The method of allocation between the companies is subject to written agreement, approved by the Board of Directors. It is agreed among the companies that the tax liability of the subsidiaries shall be determined as if each was filing an individual tax return and the amount of tax so determined, if any, shall be paid to Central Mutual Insurance Company, which, in turn, shall be responsible for payment of the total tax liability calculated in the consolidated return. It is further agreed between the companies that any available tax exemption credits will be allocated first to CMI Lloyds, and any remaining balance to Central Mutual. In the event the subsidiary produces a tax loss, which is utilized by Central Mutual in the consolidated return to reduce its tax liability, Central Mutual shall pay to the subsidiary the tax cash benefit so utilized in the consolidated tax return.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**
GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] No[X]
Yes[] No[] N/A[X]

1.2 If yes, has the report been filed with the domiciliary state?

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

2.2 If yes, date of change:

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]
If yes, complete the Schedule Y - Part 1 - organizational chart.

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

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[] No[X] N/A[]
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2008

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2008

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 12/01/2009

6.4 By what department or departments?
Ohio Department of Insurance

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

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

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

7.2 If yes, give full information

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

8.2 If response to 8.1 is yes, please identify the name of the bank holding company. Yes[] No[X]

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

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....	Yes[] No[X]				

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[]
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[] No[X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[X] No[]

GENERAL INTERROGATORIES (Continued)**INVESTMENT**

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	.....	.....
14.22 Preferred Stock .....	.....	.....
14.23 Common Stock	520,698	537,815
14.24 Short-Term Investments .....	.....	.....
14.25 Mortgages Loans on Real Estate .....	.....	.....
14.26 All Other	13,226,103	13,336,490
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	13,746,801	13,874,305
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	.....	.....

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

Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

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

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

Yes[] No[X]

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

1 Name of Custodian(s)	2 Custodian Address
JP MORGAN CHASE	100 EAST BROAD STREET, COLUMBUS, OH

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

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

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes[] No[X]

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

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

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

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

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[]

17.2 If no, list exceptions:

GENERAL INTERROGATORIES**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [X] N/A []
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]
3.2 If yes, give full and complete information thereto

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves"), discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 TOTAL
04.2999 Total

5. Operating Percentages:

5.1 A&H loss percent	.....	0.000%
5.2 A&H cost containment percent	.....	0.000%
5.3 A&H expense percent excluding cost containment expenses	.....	0.000%

6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$..... 0
6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
6.4 If yes, please provide the balance of the funds administered as of the reporting date. \$..... 0

SCHEDULE F - CEDED REINSURANCE**Showing all new reinsurers - Current Year to Date**

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Is Insurer Authorized? (Yes or No)
			N O N E	

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**Current Year to Date - Allocated by States and Territories**

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama (AL)	N						
2. Alaska (AK)	N						
3. Arizona (AZ)	L	315,670	524,920	708,459	252,592	4,730,746	3,973,806
4. Arkansas (AR)	N						
5. California (CA)	L					295,092	296,841
6. Colorado (CO)	N						
7. Connecticut (CT)	L	258,818	799,599	256,223	363,505	5,415,207	6,448,954
8. Delaware (DE)	N						
9. District of Columbia (DC)	N						
10. Florida (FL)	N			(450)	(90)	58,680	59,200
11. Georgia (GA)	L	1,310,674	1,764,619	1,670,164	645,212	6,650,427	10,181,418
12. Hawaii (HI)	N						
13. Idaho (ID)	N						
14. Illinois (IL)	L	243,169	357,953	627,801	386,056	7,690,469	5,748,834
15. Indiana (IN)	L	448,274	419,009	239,277	232,336	4,183,351	1,822,275
16. Iowa (IA)	L						
17. Kansas (KS)	N						
18. Kentucky (KY)	L	(191)		8,329		13,063	
19. Louisiana (LA)	N					431,720	323,332
20. Maine (ME)	N						
21. Maryland (MD)	N						
22. Massachusetts (MA)	L	725,107	1,531,888	1,256,859	1,560,728	11,634,557	13,556,303
23. Michigan (MI)	L	244,797	399,077	413,844	145,547	3,035,770	1,185,279
24. Minnesota (MN)	N						
25. Mississippi (MS)	N						
26. Missouri (MO)	N						
27. Montana (MT)	N						
28. Nebraska (NE)	N						
29. Nevada (NV)	L						
30. New Hampshire (NH)	N						
31. New Jersey (NJ)	L	(13,367)	(34,678)	220,784	436,847	8,455,261	8,739,668
32. New Mexico (NM)	N						
33. New York (NY)	L	678,636	1,158,388	655,447	2,373,537	10,560,609	9,098,644
34. North Carolina (NC)	L	787,506	1,491,883	600,789	728,626	3,046,043	2,848,339
35. North Dakota (ND)	N						
36. Ohio (OH)	L	1,763,856	2,439,760	1,644,616	409,478	8,101,082	5,360,522
37. Oklahoma (OK)	L	147,714	372,767	78,930	117,297	3,678,646	1,526,059
38. Oregon (OR)	N						
39. Pennsylvania (PA)	N						
40. Rhode Island (RI)	N						
41. South Carolina (SC)	L	372,394	547,068	151,589	165,769	2,481,235	1,023,955
42. South Dakota (SD)	N						
43. Tennessee (TN)	L	408,776	426,057	229,049	218,532	1,732,191	1,505,373
44. Texas (TX)	L	2,944	63,576	12,770	54,066	1,741,553	3,355,450
45. Utah (UT)	N						
46. Vermont (VT)	N						
47. Virginia (VA)	L	680,136	799,561	354,809	409,984	2,859,567	5,089,663
48. Washington (WA)	N						
49. West Virginia (WV)	N						
50. Wisconsin (WI)	L						
51. Wyoming (WY)	N						
52. American Samoa (AS)	N						
53. Guam (GU)	N						
54. Puerto Rico (PR)	N						
55. U.S. Virgin Islands (VI)	N						
56. Northern Mariana Islands (MP)	N						
57. Canada (CN)	N						
58. Aggregate other alien (OT)	X X X						
59. Totals	(a) 21	8,374,913	13,061,447	9,129,289	8,500,022	86,795,269	82,143,915

DETAILS OF WRITE-INS

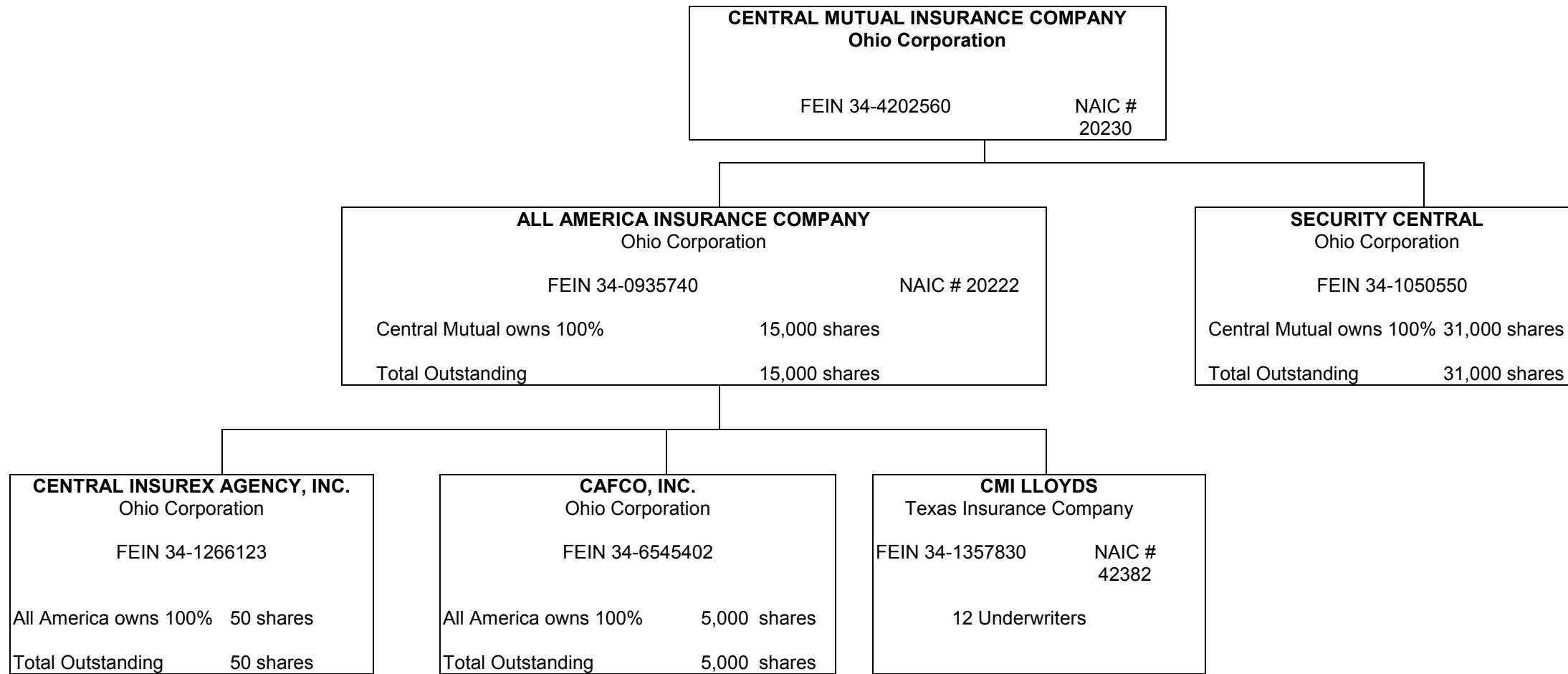
5801.	X X X						
5802.	X X X						
5803.	X X X						
5898. Summary of remaining write-ins for Line 58 from overflow page	X X X						
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X						

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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STATEMENT AS OF **March 31, 2011** OF THE **ALL AMERICA INSURANCE COMPANY**
PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	62,303	1,078	1.730	(0.002)
2. Allied lines	91,362	28,107	30.764	0.061
3. Farmowners multiple peril		(1,266)		
4. Homeowners multiple peril				
5. Commercial multiple peril	6,076,334	10,348,733	170.312	0.693
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine	23,709	2,632	11.101	0.809
10. Financial guaranty				
11.1 Medical professional liability - occurrence				
11.2 Medical professional liability - claims made	560			
12. Earthquake				
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation	1,147,523	(184,884)	(16.112)	1.257
17.1 Other liability - occurrence	24,907	(114,809)	(460.951)	7.060
17.2 Other liability - claims made				
17.3 Excess Workers' Compensation				
18.1 Products liability - occurrence	717,434	(449,716)	(62.684)	1.821
18.2 Products liability - claims made				
19.1 19.2 Private passenger auto liability		(216,488)		
19.3 19.4 Commercial auto liability	2,426,004	1,832,681	75.543	0.913
21. Auto physical damage	726,750	586,706	80.730	0.463
22. Aircraft (all perils)				
23. Fidelity	669			
24. Surety				
26. Burglary and theft				
27. Boiler and machinery	41,534	(1)	(0.002)	
28. Credit				
29. International				
30. Warranty				
31. Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business				
35. TOTALS	11,339,089	11,832,773	104.354	0.842
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire	15,658	15,658	49,794
2. Allied lines	23,600	23,600	61,816
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5. Commercial multiple peril	4,673,209	4,673,209	6,780,530
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine	17,524	17,524	51,765
10. Financial guaranty			
11.1 Medical professional liability - occurrence			
11.2 Medical professional liability - claims made	764	764	
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation	855,839	855,839	2,072,742
17.1 Other liability - occurrence	14,994	14,994	12,666
17.2 Other liability - claims made			
17.3 Excess Workers' Compensation			
18.1 Products liability - occurrence	533,302	533,302	691,326
18.2 Products liability - claims made			
19.1 19.2 Private passenger auto liability			
19.3 19.4 Commercial auto liability	1,684,062	1,684,062	2,513,591
21. Auto physical damage	531,307	531,307	781,164
22. Aircraft (all perils)			
23. Fidelity	108	108	132
24. Surety			
26. Burglary and theft			
27. Boiler and machinery	24,546	24,546	45,921
28. Credit			
29. International			
30. Warranty			
31. Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business			
35. TOTALS	8,374,913	8,374,913	13,061,447
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)			

PART 3 (000 omitted)
LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	4 2011 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2011 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2011 Loss and LAE Payments (Cols. 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	9	10 Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2008 + Prior	25,644	18,177	43,821	1,650	133	1,783	25,335	1,766	14,064	41,165	1,341	(2,214)	(873)
2. 2009	10,491	7,926	18,417	1,401	53	1,454	10,215	1,242	4,569	16,026	1,125	(2,062)	(937)
3. Subtotals 2009 + Prior	36,135	26,103	62,238	3,051	186	3,237	35,550	3,008	18,633	57,191	2,466	(4,276)	(1,810)
4. 2010	19,173	14,279	33,452	4,761	1,501	6,262	14,317	3,307	11,782	29,406	(95)	2,311	2,216
5. Subtotals 2010 + Prior	55,308	40,382	95,690	7,812	1,687	9,499	49,867	6,315	30,415	86,597	2,371	(1,965)	406
6. 2011	XXX	XXX	XXX	XXX	6,118	6,118	XXX	7,426	3,228	10,654	XXX	XXX	XXX
7. Totals	55,308	40,382	95,690	7,812	7,805	15,617	49,867	13,741	33,643	97,251	2,371	(1,965)	406
											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
8. Prior Year-End's Surplus As Regards Policyholders	97,691,902										1.....4.287	2.....(4.866)	3.....0.424
													Col. 13, Line 7 Line 8
													4.....0.000

Q13

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.

1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?
4. Will the Director and Officer Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSES

No
No
No
No

Explanations:

Bar Codes:

Trusted Surplus Statement



2022220114900001

2011

Document Code: 490

Medicare Part D Coverage Supplement



2022220113650001

2011

Document Code: 365

Supplement A to Schedule T



2022220114550001

2011

Document Code: 455

Director and Officer Supplement



2022220115050001

2011

Document Code: 505

STATEMENT AS OF **March 31, 2011** OF THE **ALL AMERICA INSURANCE COMPANY**
SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Current year change in encumbrances
4. Total gain (loss) on disposals
5. Deduct amounts received on disposals
6. Total foreign exchange change in book/adjusted carrying value
7. Deduct current year's other than temporary impairment recognized
8. Deduct current year's depreciation
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)
10. Deduct total nonadmitted amounts
11. Statement value at end of current period (Line 9 minus Line 10)

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	13,226,104	12,818,406
2. Cost of acquired:	.....	.....
2.1 Actual cost at time of acquisition .....	.....	.....
2.2 Additional investment made after acquisition .....	.....	.....
3. Capitalized deferred interest and other .....	.....	.....
4. Accrual of discount .....	.....	.....
5. Unrealized valuation increase (decrease)	77,055	407,698
6. Total gain (loss) on disposals .....	.....	.....
7. Deduct amounts received on disposals .....	.....	.....
8. Deduct amortization of premium and depreciation .....	.....	.....
9. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
10. Deduct current year's other than temporary impairment recognized .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	13,303,159	13,226,104
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12)	13,303,159	13,226,104

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	191,831,887	192,822,137
2. Cost of bonds and stocks acquired	8,698,559	24,459,020
3. Accrual of discount	5,502	20,925
4. Unrealized valuation increase (decrease)	17,117	(163,561)
5. Total gain (loss) on disposals	2,666	248,325
6. Deduct consideration for bonds and stocks disposed of	4,539,000	24,538,488
7. Deduct amortization of premium	239,627	1,016,471
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other than temporary impairment recognized .....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	195,777,104	191,831,887
11. Deduct total nonadmitted amounts	537,815	520,698
12. Statement value at end of current period (Line 10 minus Line 11)	195,239,289	191,311,189

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	185,693,705	12,694,017	10,876,838	(223,149)	187,287,735			185,693,705
2. Class 2 (a)	8,459,937			(10,975)	8,448,962			8,459,937
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	194,153,642	12,694,017	10,876,838	(234,124)	195,736,697			194,153,642
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	194,153,642	12,694,017	10,876,838	(234,124)	195,736,697			194,153,642

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	499,024	XXX	499,024	626	

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	2,844,070	2,320,831
2. Cost of short-term investments acquired	3,995,458	36,335,955
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	6,340,504	35,812,716
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	499,024	2,844,070
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	499,024	2,844,070

SI04 Schedule DB - Part A Verification **NONE**

SI04 Schedule DB - Part B Verification **NONE**

SI05 Schedule DB Part C Section 1 **NONE**

SI06 Schedule DB Part C Section 2 **NONE**

SI07 Schedule DB - Verification **NONE**

SI08 Schedule E - Verification (Cash Equivalents) **NONE**

E01 Schedule A Part 2 **NONE**

E01 Schedule A Part 3 **NONE**

E02 Schedule B Part 2 **NONE**

E02 Schedule B Part 3 **NONE**

E03 Schedule BA Part 2 **NONE**

E03 Schedule BA Part 3 **NONE**

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
31331KBA7	FEDERAL FARM CREDIT BANK		01/24/2011	Janney Montgomery	XXX	500,000	500,000.00		1FE
31331KED8	FEDERAL FARM CREDIT BANK		03/09/2011	BMO Capital Markets	XXX	500,000	500,000.00		1FE
3133734D1	FEDERAL HOME LOAN BANK		03/17/2011	First Empire	XXX	1,000,000	1,000,000.00		1FE
0599999 Subtotal - Bonds - U.S. Governments					XXX	2,000,000	2,000,000.00		XXX
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
289365GW2	ELMBROOK WI SD REF TAXABLE QSCB		01/26/2011	Robert W. Baird	XXX	511,895	500,000.00		1FE
431621NM9	HILLIARD OH SD QSCB		03/03/2011	Fifth 3rd Securities	XXX	500,000	500,000.00		1FE
691735CX0	OXFORD OH REF LTD TAX WTR SUPP SYS		01/19/2011	RBC Capital Markets	XXX	510,675	500,000.00		1FE
2499999 Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					XXX	1,522,570	1,500,000.00		XXX
Bonds - U.S. Special Revenue, Special Assessment									
592566AC7	METRO ST COLL DENVER CO INST (BAB)		03/16/2011	Robert W. Baird	XXX	513,300	500,000.00	4,614	1FE
70917RR31	PA ST HIGHER EDL TRUSTEES UNIV PA		02/09/2011	Duncan Williams	XXX	532,800	500,000.00		1FE
87122ACA3	SYCAMORE OH CMNTY CSD COP TAXABLE		02/24/2011	Fifth 3rd Securities	XXX	509,350	500,000.00		1FE
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					XXX	1,555,450	1,500,000.00	4,614	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
084664BR1	BERKSHIRE HATHAWAY FIN CO GTD		01/03/2011	Wells Fargo Advisors-Robi	XXX	498,660	500,000.00		1FE
142339AE0	CARLISLE COS., INC.		02/24/2011	Mesriow Capital Markets	XXX	500,000	500,000.00	5,837	1FE
24702RAN1	DELL, INC.		03/28/2011	Wells Fargo Advisors-Robi	XXX	499,840	500,000.00		1FE
29358QAA7	ENSCO, PLC		03/08/2011	Wells Fargo Advisors-Robi	XXX	622,459	635,000.00		1FE
478366AX5	JOHNSON CONTROLS, INC.		02/02/2011	Janney Montgomery	XXX	497,185	500,000.00	177	1FE
487836BC1	KELLOGG COMPANY		03/03/2011	Wells Fargo Advisors-Robi	XXX	503,060	500,000.00	6,513	1FE
92343VBA1	VERIZON COMMUNICATIONS, INC SR NTS		03/23/2011	Wells Fargo Advisors-Robi	XXX	499,335	500,000.00		1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	3,620,539	3,635,000.00	12,527	XXX
8399997 Subtotal - Bonds - Part 3					XXX	8,698,559	8,635,000.00	17,141	XXX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
8399999 Subtotal - Bonds					XXX	8,698,559	8,635,000.00	17,141	XXX
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX		XXX		XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	8,698,559	XXX	17,141	XXX

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

QE04

SCHEDULE D - PART 4**Show All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of
During the Current Quarter**

1 CUSIP Identification	2 Description	3 F o r e i g n Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/ Adjusted Carrying Value	10 Unrealized Valuation Increase/ (Decrease)	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date	22 NAIC Designation or Market Indicator (a)		
										11 Current Year's (Amortization)/ Accretion	12 Current Year's Temporary Impairment Recognized	13 Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.									
Bonds - U.S. States, Territories and Possessions																							
837107XA4	SC ST SCH FAC	03/02/2011	VARIOUS	XXX	500,000	500,000.00	540,550	500,000								500,000				15,063	01/01/2014	1FE	
1799999 Subtotal - Bonds - U.S. States, Territories and Possessions				XXX	500,000	500,000.00	540,550	500,000								500,000				15,063	XXX	XXX	
Bonds - U.S. Political Subdivisions of States, Territories and Possessions																							
018105P83	ALLEN TX ISD	02/15/2011	MATURITY	XXX	500,000	500,000.00	508,185	500,138			(138)					500,000					10,000	02/15/2011	1FE
358775VL5	FRISCO TX REF & IMPR	02/15/2011	MATURITY	XXX	505,000	505,000.00	548,778	505,911			(911)					505,000					12,625	02/15/2011	1FE
433146FH5	HINDS CNTY MS SCH DIST	03/15/2011	MATURITY	XXX	590,000	590,000.00	607,086	590,503			(503)					590,000					11,800	03/15/2011	1FE
467430JK1	JACKSON CNTY MO SCH DIST #002	03/01/2011	CALLED @ 100.000000	XXX	500,000	500,000.00	526,245	500,661			(661)					500,000					11,250	03/01/2012	1FE
603792NQ1	MINNEAPOLIS MN SPL SD #001 SER A	02/01/2011	MATURITY	XXX	500,000	500,000.00	518,265	500,284			(284)					500,000					10,000	02/01/2011	1FE
2499999 Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions				XXX	2,595,000	2,595,000.00	2,708,559	2,597,497			(2,497)					2,595,000					55,675	XXX	XXX
Bonds - U.S. Special Revenue, Special Assessment																							
4522263P6	IL ST SALES TAX REV	02/17/2011	David A. Noyes	XXX	364,000	350,000.00	378,228	361,738			(404)					361,334					3,306	06/15/2016	1FE
507686JW4	LAKE CENTRAL IN MULTI-DIST SBC	01/10/2011	MATURITY	XXX	580,000	580,000.00	579,582	579,998			2					580,000					10,730	01/10/2011	1FE
844760EQ7	SOUTHWEST ALLEN IN MULTI-SBC	01/15/2011	MATURITY	XXX	500,000	500,000.00	526,765	500,168			(168)					500,000					10,000	01/15/2011	1FE
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment				XXX	1,444,000	1,430,000.00	1,484,575	1,441,904			(570)					1,441,334					2,666	2,666	24,036
8399999 Subtotal - Bonds - Part 4				XXX	4,539,000	4,525,000.00	4,733,684	4,539,401			(3,067)					4,536,334					2,666	2,666	94,774
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8399999 Subtotal - Bonds				XXX	4,539,000	4,525,000.00	4,733,684	4,539,401			(3,067)					4,536,334					2,666	2,666	94,774
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9899999 Subtotal - Preferred and Common Stocks				XXX	XXX	XXX	XXX	XXX			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9999999 Total - Bonds, Preferred and Common Stocks				XXX	4,539,000	XXX	4,733,684	4,539,401			(3,067)					4,536,334					2,666	2,666	94,774

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

E06 Schedule DB Part A Section 1 **NONE**

E07 Schedule DB Part B Section 1 **NONE**

E08 Schedule DB Part D **NONE**

E09 Schedule DL - Part 1 - Securities Lending Collateral Assets **NONE**

E10 Schedule DL - Part 2 - Securities Lending Collateral Assets **NONE**

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
open depositories									XXX
0199998 Deposits in .....1	depositories that do not exceed the allowable limit in any one depository - open depositories	XXX	XXX ..	198		45,954	34,355	31,397	XXX
0199999 Totals - Open Depositories		XXX	XXX ..	198		45,954	34,355	31,397	XXX
0299998 Deposits in .....0	depositories that do not exceed the allowable limit in any one depository - suspended depositories	XXX	XXX ..						XXX
0299999 Totals - Suspended Depositories		XXX	XXX ..						XXX
0399999 Total Cash On Deposit		XXX	XXX ..	198		45,954	34,355	31,397	XXX
0499999 Cash in Company's Office		XXX	XXX ..	XXX ..	XXX ..				XXX
0599999 Total Cash		XXX	XXX ..	198		45,954	34,355	31,397	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
8699999 Total - Cash Equivalents							

N O N E



2022201145500101

2011

Document Code: 455

Designate the type of health care providers reported on this page:

Physicians, including surgeons and osteopaths

SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama (AL)
2. Alaska (AK)
3. Arizona (AZ)
4. Arkansas (AR)
5. California (CA)
6. Colorado (CO)
7. Connecticut (CT)
8. Delaware (DE)
9. District of Columbia (DC)
10. Florida (FL)
11. Georgia (GA)
12. Hawaii (HI)
13. Idaho (ID)
14. Illinois (IL)
15. Indiana (IN)
16. Iowa (IA)
17. Kansas (KS)
18. Kentucky (KY)
19. Louisiana (LA)
20. Maine (ME)
21. Maryland (MD)
22. Massachusetts (MA)
23. Michigan (MI)
24. Minnesota (MN)
25. Mississippi (MS)
26. Missouri (MO)
27. Montana (MT)
28. Nebraska (NE)
29. Nevada (NV)
30. New Hampshire (NH)
31. New Jersey (NJ)
32. New Mexico (NM)
33. New York (NY)
34. North Carolina (NC)
35. North Dakota (ND)
36. Ohio (OH)
37. Oklahoma (OK)
38. Oregon (OR)
39. Pennsylvania (PA)
40. Rhode Island (RI)
41. South Carolina (SC)
42. South Dakota (SD)
43. Tennessee (TN)
44. Texas (TX)
45. Utah (UT)
46. Vermont (VT)
47. Virginia (VA)
48. Washington (WA)
49. West Virginia (WV)
50. Wisconsin (WI)
51. Wyoming (WY)
52. American Samoa (AS)
53. Guam (GU)
54. Puerto Rico (PR)
55. U.S. Virgin Islands (VI)
56. Northern Mariana Islands (MP)
57. Canada (CN)
58. Aggregate other alien (OT)
59. Totals
DETAILS OF WRITE-INS								
5801.
5802.
5803.
5898. Summary of remaining write-ins for Line 58 from overflow page
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)



2022201145500101

2011

Document Code: 455

Designate the type of health care providers reported on this page:

Hospitals

SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama (AL)
2. Alaska (AK)
3. Arizona (AZ)
4. Arkansas (AR)
5. California (CA)
6. Colorado (CO)
7. Connecticut (CT)
8. Delaware (DE)
9. District of Columbia (DC)
10. Florida (FL)
11. Georgia (GA)
12. Hawaii (HI)
13. Idaho (ID)
14. Illinois (IL)
15. Indiana (IN)
16. Iowa (IA)
17. Kansas (KS)
18. Kentucky (KY)
19. Louisiana (LA)
20. Maine (ME)
21. Maryland (MD)
22. Massachusetts (MA)
23. Michigan (MI)
24. Minnesota (MN)
25. Mississippi (MS)
26. Missouri (MO)
27. Montana (MT)
28. Nebraska (NE)
29. Nevada (NV)
30. New Hampshire (NH)
31. New Jersey (NJ)
32. New Mexico (NM)
33. New York (NY)
34. North Carolina (NC)
35. North Dakota (ND)
36. Ohio (OH)
37. Oklahoma (OK)
38. Oregon (OR)
39. Pennsylvania (PA)
40. Rhode Island (RI)
41. South Carolina (SC)
42. South Dakota (SD)
43. Tennessee (TN)
44. Texas (TX)
45. Utah (UT)
46. Vermont (VT)
47. Virginia (VA)
48. Washington (WA)
49. West Virginia (WV)
50. Wisconsin (WI)
51. Wyoming (WY)
52. American Samoa (AS)
53. Guam (GU)
54. Puerto Rico (PR)
55. U.S. Virgin Islands (VI)
56. Northern Mariana Islands (MP)
57. Canada (CN)
58. Aggregate other alien (OT)
59. Totals
DETAILS OF WRITE-INS								
5801.
5802.
5803.
5898. Summary of remaining write-ins for Line 58 from overflow page
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)



Designate the type of health care providers reported on this page:

Other health care professionals, including dentists

SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama (AL)
2. Alaska (AK)
3. Arizona (AZ)
4. Arkansas (AR)
5. California (CA)
6. Colorado (CO)
7. Connecticut (CT)
8. Delaware (DE)
9. District of Columbia (DC)
10. Florida (FL)
11. Georgia (GA)
12. Hawaii (HI)
13. Idaho (ID)
14. Illinois (IL)
15. Indiana (IN)
16. Iowa (IA)
17. Kansas (KS)
18. Kentucky (KY)
19. Louisiana (LA)
20. Maine (ME)
21. Maryland (MD)
22. Massachusetts (MA)
23. Michigan (MI)
24. Minnesota (MN)
25. Mississippi (MS)
26. Missouri (MO)
27. Montana (MT)
28. Nebraska (NE)
29. Nevada (NV)
30. New Hampshire (NH)
31. New Jersey (NJ)
32. New Mexico (NM)
33. New York (NY)
34. North Carolina (NC)
35. North Dakota (ND)
36. Ohio (OH)
37. Oklahoma (OK)
38. Oregon (OR)
39. Pennsylvania (PA)
40. Rhode Island (RI)
41. South Carolina (SC)
42. South Dakota (SD)
43. Tennessee (TN)
44. Texas (TX)
45. Utah (UT)
46. Vermont (VT)
47. Virginia (VA)
48. Washington (WA)
49. West Virginia (WV)
50. Wisconsin (WI)
51. Wyoming (WY)
52. American Samoa (AS)
53. Guam (GU)
54. Puerto Rico (PR)
55. U.S. Virgin Islands (VI)
56. Northern Mariana Islands (MP)
57. Canada (CN)
58. Aggregate other alien (OT)
59. Totals
DETAILS OF WRITE-INS								
5801.
5802.
5803.
5898. Summary of remaining write-ins for Line 58 from overflow page
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)



2022201145500101

2011

Document Code: 455

Designate the type of health care providers reported on this page:
Other health care facilities

SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama (AL)
2. Alaska (AK)
3. Arizona (AZ)
4. Arkansas (AR)
5. California (CA)
6. Colorado (CO)
7. Connecticut (CT)
8. Delaware (DE)
9. District of Columbia (DC)
10. Florida (FL)
11. Georgia (GA)
12. Hawaii (HI)
13. Idaho (ID)
14. Illinois (IL)
15. Indiana (IN)
16. Iowa (IA)
17. Kansas (KS)
18. Kentucky (KY)
19. Louisiana (LA)
20. Maine (ME)
21. Maryland (MD)
22. Massachusetts (MA)
23. Michigan (MI)
24. Minnesota (MN)
25. Mississippi (MS)
26. Missouri (MO)
27. Montana (MT)
28. Nebraska (NE)
29. Nevada (NV)
30. New Hampshire (NH)
31. New Jersey (NJ)
32. New Mexico (NM)
33. New York (NY)
34. North Carolina (NC)
35. North Dakota (ND)
36. Ohio (OH)
37. Oklahoma (OK)
38. Oregon (OR)
39. Pennsylvania (PA)
40. Rhode Island (RI)
41. South Carolina (SC)
42. South Dakota (SD)
43. Tennessee (TN)
44. Texas (TX)
45. Utah (UT)
46. Vermont (VT)
47. Virginia (VA)
48. Washington (WA)
49. West Virginia (WV)
50. Wisconsin (WI)
51. Wyoming (WY)
52. American Samoa (AS)
53. Guam (GU)
54. Puerto Rico (PR)
55. U.S. Virgin Islands (VI)
56. Northern Mariana Islands (MP)
57. Canada (CN)
58. Aggregate other alien (OT)
59. Totals
DETAILS OF WRITE-INS								
5801.
5802.
5803.
5898. Summary of remaining write-ins for Line 58 from overflow page
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)



MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance

NAIC Group Code: 0036

NAIC Company Code: 20222

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected		XXX		XXX	
2. Earned Premiums		XXX		XXX	XXX
3. Claims Paid		XXX		XXX	
4. Claims Incurred		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	XXX		XXX		
6. Aggregate Policy Reserves - change		XXX		XXX	XXX
7. Expenses Paid		XXX		XXX	
8. Expenses Incurred		XXX		XXX	XXX
9. Underwriting Gain or Loss		XXX		XXX	XXX
10. Cash Flow Results	XXX	XXX	XXX	XXX	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....0 due from CMS or \$.....0 due to CMS



20222201150500101

2011

Document Code: 505

DIRECTOR AND OFFICER SUPPLEMENT

Year to Date For the Period Ended **March 31**

NAIC Group Code: 0036 NAIC Company Code: 20222

Company Name: ALL AMERICA INSURANCE COMPANY

If the reporting entity writes any director and officer (D&O) business, please provide the following:

Description	1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
1. Monoline Policies			

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?

Yes No

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated?

Yes No

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:

\$..... 0

2.32 Amount estimated using reasonable assumptions:

\$..... 0

2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies.

\$..... 0

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