



QUARTERLY STATEMENT

As of September 30, 2011

of the Condition and Affairs of the

Infinity Safeguard Insurance Company

NAIC Group Code.....3495 (Current Period)	NAIC Company Code..... 16802	Employer's ID Number..... 73-0772113
Organized under the Laws of Ohio	State of Domicile or Port of Entry	US
Incorporated/Organized..... December 28, 1966		Commenced Business..... January 15, 1967
Statutory Home Office	1400 Provident Tower, One East Fourth Street..... Cincinnati OH 45202 (Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	3700 Colonnade Parkway, Suite 600..... Birmingham AL 35243-3216 (Street and Number) (City or Town, State and Zip Code)	205-870-4000 (Area Code) (Telephone Number)
Mail Address	P.O. Box 830189..... Birmingham AL 35283-0189 (Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	3700 Colonnade Parkway, Suite 600..... Birmingham AL 35243-3216 (Street and Number) (City or Town, State and Zip Code)	205-870-4000 (Area Code) (Telephone Number)
Internet Web Site Address	www.infinityauto.com	
Statutory Statement Contact	James G. Jordan (Name) jimmy.jordan@ipacc.com (E-Mail Address)	205-803-8229 (Area Code) (Telephone Number) (Extension) 205-803-8598 (Fax Number)

POLICYHOLDER SERVICES AND CLAIM REPORTING: 1-800-477-5056

OFFICERS

Name	Title	Name	Title
Scott Christopher Pitrone	President & CEO	Samuel James Simon	Senior Vice President & Secretary
Roger Hubert Prestridge	Vice President & Treasurer		

OTHER

Roger Smith	Senior Vice President & CFO	Sheila Heldenbrand Williams	Vice President
James Henry Romaker	Assistant Secretary	Mitchell Silverman	Assistant Secretary
Troy Perry Ballard	Assistant Treasurer	Mary Linn Clark	Assistant Treasurer
Vicki Windham Daniell	Assistant Treasurer		

DIRECTORS OR TRUSTEES

James Randall Gober Scott Christopher Pitrone Roger Hubert Prestridge Samuel James Simon
Roger Smith

State of..... Alabama
County of.... Jefferson

The officers of this report
stated above, all of the ho

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

Scott Christopher Pitrone

Samuel James Simon

Roger Hubert Prestridge

President & CEO

Senior Vice President & Secretary

Vice President & Treasurer

Subscribed and sworn to before me
This 10th day of November, 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 []

My Commission Expires July 5, 2015

Statement for September 30, 2011 of the **Infinity Safeguard Insurance Company**
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.....	.....6,254,332		.....6,254,332	.....6,035,275
2. Stocks:				
2.1 Preferred stocks.....			.....0	
2.2 Common stocks.....			.....0	
3. Mortgage loans on real estate:				
3.1 First liens.....			.....0	
3.2 Other than first liens.....			.....0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.....0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.....0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.....0	
5. Cash (\$.....0), cash equivalents (\$.....0) and short-term investments (\$....51,500).....	.....51,500		.....51,500	.....70,339
6. Contract loans (including \$.....0 premium notes).....			.....0	
7. Derivatives.....			.....0	
8. Other invested assets.....			.....0	
9. Receivables for securities.....			.....0	
10. Securities lending reinvested collateral assets.....			.....0	
11. Aggregate write-ins for invested assets.....	.....0	.....0	.....0	.....0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.....6,305,832	.....0	.....6,305,832	.....6,105,614
13. Title plants less \$.....0 charged off (for Title insurers only).....			.....0	
14. Investment income due and accrued.....	.....27,201		.....27,201	.....79,691
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	.....83,194		.....83,194	.....63,707
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			.....0	
15.3 Accrued retrospective premiums.....			.....0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			.....0	
16.2 Funds held by or deposited with reinsured companies.....			.....0	
16.3 Other amounts receivable under reinsurance contracts.....			.....0	
17. Amounts receivable relating to uninsured plans.....			.....0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	.....5,587		.....5,587	
18.2 Net deferred tax asset.....	.....171,275	.....128,960	.....42,315	.....37,125
19. Guaranty funds receivable or on deposit.....			.....0	
20. Electronic data processing equipment and software.....			.....0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			.....0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.....0	
23. Receivables from parent, subsidiaries and affiliates.....			.....0	
24. Health care (\$.....0) and other amounts receivable.....			.....0	
25. Aggregate write-ins for other than invested assets.....	.....0	.....0	.....0	.....0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	.....6,593,089	.....128,960	.....6,464,129	.....6,286,137
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.....0	
28. Total (Lines 26 and 27).....	.....6,593,089	.....128,960	.....6,464,129	.....6,286,137

DETAILS OF WRITE-INS

1101.....			.....0	
1102.....			.....0	
1103.....			.....0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.....0	.....0	.....0	.....0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.....0	.....0	.....0	.....0
2501.....			.....0	
2502.....			.....0	
2503.....			.....0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.....0	.....0	.....0	.....0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.....0	.....0	.....0	.....0

Infinity Safeguard Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....201,152)	.342,425	.328,201
2. Reinsurance payable on paid losses and loss adjustment expenses	.54,652	.50,732
3. Loss adjustment expenses	.136,142	.132,880
4. Commissions payable, contingent commissions and other similar charges	.2,347	.1,356
5. Other expenses (excluding taxes, licenses and fees)	.19,885	.18,459
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	.4,472	.4,587
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses))		.5,744
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 \$....882,505 and including warranty reserves of \$.....0)	.478,593	.415,481
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)		
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	.28,435	.33,284
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	.190	.246
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	.1,067,141	.990,970
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	.1,067,141	.990,970
29. Aggregate write-ins for special surplus funds	.1,416	.923
30. Common capital stock	1,500,000	1,500,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds	.0	.0
33. Surplus notes		
34. Gross paid in and contributed surplus	2,210,000	2,210,000
35. Unassigned funds (surplus)	1,685,572	1,584,244
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0)		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	.5,396,988	.5,295,167
38. Totals	.6,464,129	.6,286,137

DETAILS OF WRITE-INS

2501. Accounts payable and other liabilities	.190	.246
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	.190	.246
2901. Additional admitted deferred tax assets	.1,416	.923
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	.0	.0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	.1,416	.923
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	.0	.0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above)	.0	.0

Statement for September 30, 2011 of the **Infinity Safeguard Insurance Company**
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 \$....2,050,318).....	1,701,038	1,600,053	1,985,683
1.2 Assumed..... (written \$....808,815).....	745,703	670,159	905,919
1.3 Ceded..... (written \$....2,050,318).....	1,701,038	1,600,053	1,985,683
1.4 Net..... (written \$....808,815).....	745,703	670,159	905,919
DEDUCTIONS:			
2. Losses incurred (current accident year \$....460,785):			
2.1 Direct.....	1,760,704	(270,432)	(32,331)
2.2 Assumed.....	464,026	374,152	500,995
2.3 Ceded.....	1,760,704	(270,432)	(32,331)
2.4 Net.....	464,026	374,152	500,995
3. Loss adjustment expenses incurred.....	103,174	77,978	105,621
4. Other underwriting expenses incurred.....	228,979	210,947	273,024
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	796,179	663,077	879,640
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(50,476)	7,082	26,279
INVESTMENT INCOME			
9. Net investment income earned.....	109,687	138,841	184,216
10. Net realized capital gains (losses) less capital gains tax of \$....(25,030).....	25,030	163	8,871
11. Net investment gain (loss) (Lines 9 + 10).....	134,717	139,004	193,087
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$....14 amount charged off \$....14,421).....	(14,407)	(7,536)	(10,415)
13. Finance and service charges not included in premiums.....	45,880	39,179	53,586
14. Aggregate write-ins for miscellaneous income.....	14,616	12,858	16,631
15. Total other income (Lines 12 through 14).....	46,089	44,501	59,802
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	130,330	190,587	279,168
17. Dividends to policyholders.....			
18. Net income after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	130,330	190,587	279,168
19. Federal and foreign income taxes incurred.....	33,699	66,185	87,615
20. Net income (Line 18 minus Line 19) (to Line 22).....	96,631	124,402	191,553
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	5,295,167	5,099,851	5,099,851
22. Net income (from Line 20).....	96,631	124,402	191,553
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$....0.....			
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	4,828	6,612	35,873
27. Change in nonadmitted assets.....	362	(627)	(32,110)
28. Change in provision for reinsurance.....			
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.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	101,821	130,387	195,316
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	5,396,988	5,230,238	5,295,167

DETAILS OF WRITE-INS

0501.....			
0502.....			
0503.....			
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401. Other fee income.....	14,983	12,557	16,425
1402. Miscellaneous income or (expense).....	(367)	301	206
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	14,616	12,858	16,631
3701. Additional admitted deferred tax assets.....	1,416	1,223	923
3702. Reclassification of additional admitted deferred tax assets to special surplus funds.....	(1,416)	(1,223)	(923)
3703.....			
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0	0

Statement for September 30, 2011 of the **Infinity Safeguard 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.....	789,328	717,204	939,103
2. Net investment income.....	165,386	202,363	214,660
3. Miscellaneous income.....	46,089	44,501	59,802
4. Total (Lines 1 through 3).....	1,000,803	964,068	1,213,565
5. Benefit and loss related payments.....	445,882	370,320	505,915
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	326,670	290,363	391,967
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$...(25,030) tax on capital gains (losses).....	20,000	81,000	91,363
10. Total (Lines 5 through 9).....	792,552	741,683	989,245
11. Net cash from operations (Line 4 minus Line 10).....	208,251	222,385	224,320
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,870,000	792,339	1,407,339
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	1,870,000	792,339	1,407,339
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	2,092,185	1,003,501	1,614,713
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).....	2,092,185	1,003,501	1,614,713
14. Net increase (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(222,185)	(211,162)	(207,374)
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).....	(4,905)	(10,105)	(1,675)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(4,905)	(10,105)	(1,675)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(18,839)	1,118	15,271
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	70,339	55,068	55,068
19.2 End of period (Line 18 plus Line 19.1).....	51,500	56,186	70,339

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

20,001
--------------	-------	-------	-------

NOTES TO FINANCIAL STATEMENTS**1.) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES****A. Accounting Practices**

The financial statements of Infinity Safeguard Insurance Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance 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 purposes of determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners ("NAIC") *Accounting Practices and Procedures Manual* has been adopted as a component of prescribed or permitted practices by the state of Ohio.

2.) ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

No significant change.

3.) BUSINESS COMBINATIONS AND GOODWILL

No significant change.

4.) DISCONTINUED OPERATIONS

No significant change.

5.) INVESTMENTS**D. Loan-Backed Securities**

1. Prepayment assumptions used are derived by the Securities Industry and Financial Markets Association ("SIFMA") and Interactive Data Corporation ("IDC"). Effective yields are determined at the date of purchase, while significant changes in estimated cash flow from the original prepayment assumptions are accounted for on a prospective basis.
2. The Company does not invest in loan-backed securities.
3. None.
4. None.
5. The determination of whether unrealized losses on investments are other-than-temporary requires judgement based on subjective as well as objective factors. Factors considered and resources used by management include:

- whether the unrealized loss is credit-driven or a result of changes in market interest rates;
- the length of time the security's market value has been below its amortized cost (bonds) or cost (unaffiliated common stocks);
- the extent to which fair value is less than amortized cost (bonds) or cost (unaffiliated common stocks) basis;
- the intent to sell the security;
- whether it is more likely than not that there will be a requirement to sell the security before its anticipated recovery;
- historical operating, balance sheet and cash flow data contained in issuer's SEC filings;
- issuer news releases;
- near-term prospects for improvement in the issuer and/or its industry;
- industry research and communications with industry specialists; and
- third-party research and credit rating reports.

6.) JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

No significant change.

7.) INVESTMENT INCOME

No significant change.

8.) DERIVATIVE INSTRUMENTS

No significant change.

9.) INCOME TAXES

No significant change.

10.) INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

No significant change.

11.) DEBT

No significant change.

12.) RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

No significant change.

13.) CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

No significant change.

NOTES TO FINANCIAL STATEMENTS**14.) CONTINGENCIES**

No significant change.

15.) LEASES

No significant change.

16.) INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

No significant change.

17.) SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

- A. Not applicable.
- B. Not applicable.
- C. Wash Sales - The Company was not involved in any wash sale transactions during 2011.

18.) GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

No significant change.

19.) DIRECT PREMIUM WRITTEN / PRODUCED BY MANAGING GENERAL AGENTS / THIRD PARTY ADMINISTRATORS

No significant change.

20.) FAIR VALUE MEASUREMENTS

The Company values all assets and liabilities at amortized cost.

21.) OTHER ITEMS

No significant change.

22.) EVENTS SUBSEQUENT

None.

23.) REINSURANCE

No significant change.

24.) RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

No significant change.

25.) CHANGES IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

The following table provides an analysis of the change in loss and loss adjustment expense ("LAE") reserves net of reinsurance recoverables (in thousands):

	September 30, 2011	September 30, 2010
Balance at beginning of period	\$ 461	\$ 491
Loss and LAE incurred:		
Current accident year	562	506
Prior accident years	5	(54)
	567	452
Loss and LAE payments made for:		
Current accident year	(302)	(262)
Prior accident years	(247)	(201)
	(549)	(463)
Balance at end of period	\$ 479	\$ 480

Reserves as of December 31, 2010 were \$461,000. As of September 30, 2011, \$247,000 has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$219,000 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Private Passenger and Commercial automobile lines of insurance. As a result, there has been \$5,000 unfavorable prior year development during the nine months ended September 30, 2011 as compared to a \$54,000 favorable development during the nine months ended September 30, 2010. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. See table below for the effect resulting from the inclusion of extra-contractual obligations.

NOTES TO FINANCIAL STATEMENTS

Beginning in 2005, losses and expenses associated with extra-contractual obligations were reflected in the underwriting section of the income statement. The following table reflects the effect to Schedule P of the extra-contractual obligations (in thousands):

Year	Payments for Loss and LAE	Outstanding Loss and LAE	Loss and LAE Incurred
Prior	\$ 0	\$ 0	\$ 0
2002	8	0	8
2003	10	0	10
2004	3	0	3
2005	4	0	4
2006	1	0	1
2007	2	0	2
2008	0	0	0
2009	0	0	0
2010	0	0	0
2011	0	0	0
	\$ 28	\$ 0	\$ 28

26.) INTERCOMPANY POOLING ARRANGEMENTS

No significant change.

27.) STRUCTURED SETTLEMENTS

No significant change.

28.) HEALTH CARE RECEIVABLES

No significant change.

29.) PARTICIPATING POLICIES

No significant change.

30.) PREMIUM DEFICIENCY RESERVES

No significant change.

31.) HIGH DEDUCTIBLES

No significant change.

32.) DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES

No significant change.

33.) ASBESTOS / ENVIRONMENTAL RESERVES

No significant change.

34.) SUBSCRIBER SAVINGS ACCOUNTS

No significant change.

35.) MULTIPLE PERIL CROP INSURANCE

No significant change.

36.) FINANCIAL GUARANTY INSURANCE

The Company does not write financial guaranty insurance.

Infinity Safeguard Insurance Company

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]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

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? If yes, complete the Schedule Y-Part 1 - Organizational chart. Yes [] No [X]

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 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
Not Applicable		

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.
Not Applicable

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2006.....

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. 12/31/2006.....

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). 12/15/2007.....

6.4 By what department or departments?
Ohio

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 [] No [] N/A [X]

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

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:
Not Applicable

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.
Not Applicable

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

8.4 If the 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
Not Applicable						

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:
Not Applicable

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).
Not Applicable

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).
Not Applicable

Infinity Safeguard Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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: _____

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:

Not Applicable

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 []

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.....	\$0	\$0
14.22 Preferred Stock.....	\$0	\$0
14.23 Common Stock.....	\$0	\$0
14.24 Short-Term Investments.....	\$0	\$0
14.25 Mortgage Loans on Real Estate.....	\$0	\$0
14.26 All Other.....	\$0	\$0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....	\$0	\$0

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? Yes [] No []
If no, attach a description with this statement.

Not Applicable

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 [X] No []

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
The Bank of New York Mellon	One Wall Street, New York, New York 10286

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)
Not Applicable		

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
Not Applicable			

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

1 Central Registration Depository	2 Name(s)	3 Address
Not Applicable	Gen Re-New England Asset Management, Inc.	76 Batterson Park Rd., Farmington, CT 06032

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:

Not Applicable

Infinity Safeguard Insurance Company
GENERAL INTERROGATORIES (continued)

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.
 Not Applicable

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.
 Not Applicable

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:
 Not Applicable

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation liabilities 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 Disc. 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
Total.....	....XXX...	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	

5. Operating Percentages:
 5.1 A&H loss percent 0.0 %
 5.2 A&H cost containment percent 0.0 %
 5.3 A&H expense percent excluding cost containment expenses 0.0 %

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 amount of funds administered as of the reporting date. 0

Infinity Safeguard Insurance Company
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)

NONE

Infinity Safeguard Insurance Company
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.....L.....	619,775	685,539	386,067	368,144	458,917	499,300
2. Alaska.....	AK.....N.....						
3. Arizona.....	AZ.....L.....		165		1,573	14	1,625
4. Arkansas.....	AR.....N.....						
5. California.....	CA.....N.....						
6. Colorado.....	CO.....N.....						
7. Connecticut.....	CT.....N.....						
8. Delaware.....	DE.....N.....						
9. District of Columbia.....	DC.....N.....						
10. Florida.....	FL.....L.....				500	9,697	9,430
11. Georgia.....	GA.....L.....	1,427,779	247,673	881,513	1,649,448	795,251	380,853
12. Hawaii.....	HI.....N.....						
13. Idaho.....	ID.....N.....						
14. Illinois.....	IL.....N.....						
15. Indiana.....	IN.....L.....				(161)		
16. Iowa.....	IA.....N.....						
17. Kansas.....	KS.....N.....						
18. Kentucky.....	KY.....N.....						
19. Louisiana.....	LA.....N.....				(1,311)		
20. Maine.....	ME.....N.....						
21. Maryland.....	MD.....N.....						
22. Massachusetts.....	MA.....N.....						
23. Michigan.....	MI.....N.....						
24. Minnesota.....	MN.....N.....						
25. Mississippi.....	MS.....N.....						
26. Missouri.....	MO.....N.....						
27. Montana.....	MT.....N.....						
28. Nebraska.....	NE.....N.....						
29. Nevada.....	NV.....N.....						
30. New Hampshire.....	NH.....N.....						
31. New Jersey.....	NJ.....N.....						
32. New Mexico.....	NM.....N.....						
33. New York.....	NY.....L.....						291
34. North Carolina.....	NC.....N.....						
35. North Dakota.....	ND.....N.....						
36. Ohio.....	OH.....L.....						
37. Oklahoma.....	OK.....L.....			15,000	1,500		6,784
38. Oregon.....	OR.....N.....						
39. Pennsylvania.....	PA.....N.....						
40. Rhode Island.....	RI.....N.....						
41. South Carolina.....	SC.....N.....						
42. South Dakota.....	SD.....N.....						
43. Tennessee.....	TN.....N.....						
44. Texas.....	TX.....N.....						
45. Utah.....	UT.....L.....	2,764	1,095	38,133	1,623	44,387	32,589
46. Vermont.....	VT.....N.....						
47. Virginia.....	VA.....N.....			(123)			
48. Washington.....	WA.....N.....						
49. West Virginia.....	WV.....N.....						
50. Wisconsin.....	WI.....N.....						
51. Wyoming.....	WY.....N.....						
52. American Samoa.....	AS.....N.....						
53. Guam.....	GU.....N.....						
54. Puerto Rico.....	PR.....N.....						
55. US Virgin Islands.....	VI.....N.....						
56. Northern Mariana Islands.....	MP.....N.....						
57. Canada.....	CN.....N.....						
58. Aggregate Other Alien.....	OT.....XXX.....	0	0	0	0	0	0
59. Totals.....	(a).....9	2,050,318	934,472	1,320,590	2,021,316	1,308,266	930,872

DETAILS OF WRITE-INS

5801.....	XXX.....						
5802.....	XXX.....						
5803.....	XXX.....						
5898. Summary of remaining write-ins for Line 58 from overflow page.....	XXX.....	0	0	0	0	0	0
5899. Totals (Lines 5801 thru 5803 + Line 5898) (Line 58 above).....	XXX.....	0	0	0	0	0	0

(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

NONE

Infinity Safeguard Insurance Company
PART 1 - LOSS EXPERIENCE

Lines 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.....				0.0
2. Allied lines.....				0.0
3. Farmowners multiple peril.....				0.0
4. Homeowners multiple peril.....				0.0
5. Commercial multiple peril.....				0.0
6. Mortgage guaranty.....				0.0
8. Ocean marine.....				0.0
9. Inland marine.....				0.0
10. Financial guaranty.....				0.0
11.1 Medical professional liability - occurrence.....				0.0
11.2 Medical professional liability - claims-made.....				0.0
12. Earthquake.....				0.0
13. Group accident and health.....				0.0
14. Credit accident and health.....				0.0
15. Other accident and health.....				0.0
16. Workers' compensation.....				0.0
17.1 Other liability-occurrence.....				0.0
17.2 Other liability-claims made.....				0.0
17.3 Excess workers' compensation.....				0.0
18.1 Products liability-occurrence.....				0.0
18.2 Products liability-claims made.....				0.0
19.1, 19.2 Private passenger auto liability.....	1,057,157	1,334,858	126.3	(36.9)
19.3, 19.4 Commercial auto liability.....	643,881	425,846	66.1	17.1
21. Auto physical damage.....				0.0
22. Aircraft (all perils).....				0.0
23. Fidelity.....				0.0
24. Surety.....				0.0
26. Burglary and theft.....				0.0
27. Boiler and machinery.....				0.0
28. Credit.....				0.0
29. International.....				0.0
30. Warranty.....	XXX	XXX	0.0	XXX
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.....	0	0	0.0	
35. Totals.....	1,701,038	1,760,704	103.5	(16.9)

DETAILS OF WRITE-INS

3401.			0.0	
3402.			0.0	
3403.			0.0	
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0.0	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0.0	

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire.....			
2. Allied lines.....			
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....			
5. Commercial multiple peril.....			
6. Mortgage guaranty.....			
8. Ocean marine.....			
9. Inland marine.....			
10. Financial guaranty.....			
11.1 Medical professional liability - occurrence.....			
11.2 Medical professional liability - claims made.....			
12. Earthquake.....			
13. Group accident and health.....			
14. Credit accident and health.....			
15. Other accident and health.....			
16. Workers' compensation.....			
17.1 Other liability-occurrence.....			
17.2 Other liability-claims made.....			
17.3 Excess workers' compensation.....			
18.1 Products liability-occurrence.....			
18.2 Products liability-claims made.....			
19.1, 19.2 Private passenger auto liability.....	540,364	1,280,891	599,206
19.3, 19.4 Commercial auto liability.....	316,325	769,427	335,266
21. Auto physical damage.....			
22. Aircraft (all perils).....			
23. Fidelity.....			
24. Surety.....			
26. Burglary and theft.....			
27. Boiler and machinery.....			
28. Credit.....			
29. International.....			
30. Warranty.....	XXX	XXX	XXX
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.....	0	0	0
35. Totals.....	856,689	2,050,318	934,472

DETAILS OF WRITE-INS

3401.			
3402.			
3403.			
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0

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

Years in Which Losses Occurred	1	2	3	4	5	6	7	8	9	10	11	12	13
	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2011 Loss and LAE Payments on Claims Reported as of Prior Year-End	2011 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2011 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2008 + Prior.....	49	44	93	20	10	30	28	3	23	54	(1)	(8)	(9)
2. 2009.....	48	40	88	24	17	41	17	10	20	47	(7)	7	0
3. Subtotals 2009 + Prior.....	97	84	181	44	27	71	45	13	43	101	(8)	(1)	(9)
4. 2010.....	138	142	280	83	93	176	36	35	47	118	(19)	33	14
5. Subtotals 2010 + Prior.....	235	226	461	127	120	247	81	48	90	219	(27)	32	5
6. 2011.....	XXX	XXX	XXX	XXX	302	302	XXX	125	135	260	XXX	XXX	XXX
7. Totals.....	235	226	461	127	422	549	81	173	225	479	(27)	32	5
8. Prior Year-End's Surplus As Regards Policyholders.....											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
											1. .....(11.5)%	2. .....14.2 %	3. .....1.1 %
													Col. 13, Line 7 Line 8
													4. .....0.1 %

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.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO _____
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO _____
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO _____
4. Will the Director and Officer Supplement be filed with the state of domicile and the NAIC with this statement?	NO _____

Explanation:

- 1.
- 2.
- 3.
- 4.

Bar Code:

Infinity Safeguard Insurance Company
Overflow Page for Write-Ins

NONE

Statement for September 30, 2011 of the **Infinity Safeguard 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.....	0	
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 end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

NONE

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.....	0	
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 and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
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).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

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.....	0	
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 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).....	0	0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

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.....	6,035,275	5,857,061
2. Cost of bonds and stocks acquired.....	2,092,185	1,614,713
3. Accrual of discount.....	5,137	1,426
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration for bonds and stocks disposed of.....	1,870,000	1,407,339
7. Deduct amortization of premium.....	8,265	30,586
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).....	6,254,332	6,035,275
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	6,254,332	6,035,275

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).....	6,228,280	174,501	96,414	(535)	6,201,811	6,228,280	6,305,832	6,105,614
2. Class 2 (a).....								
3. Class 3 (a).....								
4. Class 4 (a).....								
5. Class 5 (a).....								
6. Class 6 (a).....								
7. Total Bonds.....	6,228,280	174,501	96,414	(535)	6,201,811	6,228,280	6,305,832	6,105,614
PREFERRED STOCK								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	6,228,280	174,501	96,414	(535)	6,201,811	6,228,280	6,305,832	6,105,614

(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.

QS102

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.....	.....51,500	.....XXX	.....51,500	.....2	.....

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.....	.....70,339	.....55,068
2. Cost of short-term investments acquired.....	.....2,083,550	.....961,039
3. Accrual of discount.....	.....	.....
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	.....2,102,389	.....945,768
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).....	.....51,500	.....70,339
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	.....51,500	.....70,339

Sch. DB-Pt A-Verification
NONE

Sch. DB-Pt B-Verification
NONE

Sch. DB-Pt C-Sn 1
NONE

Sch. DB-Pt C-Sn 2
NONE

Sch. DB-Verification
NONE

Sch. E-Verification
NONE

Sch. A-Pt 2
NONE

Sch. A-Pt 3
NONE

Sch. B-Pt 2
NONE

Sch. B-Pt 3
NONE

Sch. BA-Pt 2
NONE

Sch. BA-Pt 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. Government									
912828 QX 1	UNITED STATES TREASURY NOTES.....		..08/11/2011	BARCLAYS.....		.66,541	.65,000	.....32	1.....
912828 RF 9	UNITED STATES TREASURY NOTES.....		..09/20/2011	GOLDMAN SACHS.....		.25,178	.25,000	.....14	1.....
0599999.	Total - Bonds - U.S. Government.....					.91,719	.90,000	.....46	XXX.....
8399997.	Total - Bonds - Part 3.....					.91,719	.90,000	.....46	XXX.....
8399999.	Total - Bonds.....					.91,719	.90,000	.....46	XXX.....
9999999.	Total - Bonds, Preferred and Common Stocks.....					.91,719	XXX.....	.....46	XXX.....

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

QE04

Sch. D-Pt 4
NONE

Sch. DB-Pt A-Sn 1
NONE

Sch. DB-Pt A-Sn 1-Footnote
NONE

Sch. DB-Pt B-Sn 1
NONE

Sch. DB-Pt B-Sn 1-Footnote
NONE

Sch. DB-Pt B-Sn 1B-Broker List
NONE

Sch. DB-Pt D
NONE

Sch. DL-Pt. 1
NONE

Sch. DL-Pt. 2
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 * XXX..
					6 First Month	7 Second Month	8 Third Month	

Open Depositories

The Bank of New York Mellon.....	New York, New York.....		0.010						XXX..
0199999. Total Open Depositories.....	....XXX.....	....XXX.....	....0	....0	....0	....0	....0	....0	....XXX..
0399999. Total Cash on Deposit.....	....XXX.....	....XXX.....	....0	....0	....0	....0	....0	....0	....XXX..
0599999. Total Cash.....	....XXX.....	....XXX.....	....0	....0	....0	....0	....0	....0	....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
------------------	-----------	-----------------------	--------------------------	-----------------------	--------------------------------------	--	-------------------------------------

NONE