



QUARTERLY STATEMENT
AS OF September 30, 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)		(419)238-5551-2437 (Area Code)(Telephone Number)(Extension)			
	TEIKENBARY@CENTRAL-INSURANCE.COM (E-Mail Address)		(419)238-7626 (Fax Number)			

OFFICERS

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

OTHERS


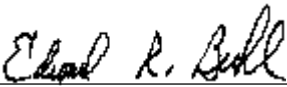
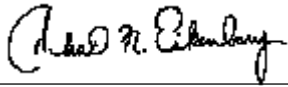
JAMES FREDERICK GLASSER, VICE PRESIDENT CYNTHIA MARIE HURLESS, VICE PRESIDENT TIMOTHY LEE RAUCH, VICE PRESIDENT JOHN EWING WHITE, VICE PRESIDENT	MICHAEL PATRICK GUTH, SR. VICE PRESIDENT PATRICK JOHN JACKSON, VICE PRESIDENT JANA LOU RINGWALD, VICE PRESIDENT PAUL CHARLES WOIROL, SR. VICE PRESIDENT	JEFFREY LEE HANSON, CHIEF FINANCIAL OFFICER STEPHEN KEITH MOORE, VICE PRESIDENT JANET LYNN WHITE, VICE PRESIDENT
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DIRECTORS OR TRUSTEES

EDWARD RAY BUHL RONALD JOSEPH KUTELLA EDWARD JOSEPH NOONAN	JEFFREY LEE HANSON RODGER SANFORD LAWSON FRANCIS WALWORTH PURMORT III	THOMAS B KEARNEY DREW PENNINGTON MACONACHY CHARLES ALLAN RUNSER
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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)
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Subscribed and sworn to before me this 8th 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[] _____ _____ _____
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(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	187,071,344		187,071,344	191,309,577
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	285,251	283,634	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 (\$.....27,164), cash equivalents (\$.....0) and short-term investments (\$.....1,691,087)	1,718,251		1,718,251	2,890,674
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets	13,535,883		13,535,883	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)	202,610,729	283,634	202,327,095	207,427,972
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	2,956,676		2,956,676	2,669,281
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	4,165,203	110,468	4,054,735	5,639,027
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)	20,438,377		20,438,377	19,665,047
15.3	Accrued retrospective premiums				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	1,542,269		1,542,269	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	7,744,857	3,545,113	4,199,744	4,374,501
19.	Guaranty funds receivable or on deposit	86,584		86,584	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	322,047		322,047	525,241
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	240,826,742	3,939,215	236,887,527	243,090,616
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	240,826,742	3,939,215	236,887,527	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	322,047		322,047	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)	322,047		322,047	525,241

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current Statement Date	December 31 Prior Year
1.	Losses (current accident year \$.....17,517,214)	67,226,330	69,743,349
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses	22,500,032	25,948,816
4.	Commissions payable, contingent commissions and other similar charges	1,609,770	944,000
5.	Other expenses (excluding taxes, licenses and fees)	2,294,138	2,062,587
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	483,677	706,229
7.1	Current federal and foreign income taxes (including \$.....0 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 \$.....19,695,651 and including warranty reserves of \$.....0)	41,123,086	42,975,333
10.	Advance premium	749,257	751,310
11.	Dividends declared and unpaid:		
11.1	Stockholders		
11.2	Policyholders	135,197	126,239
12.	Ceded reinsurance premiums payable (net of ceding commissions)	766,488	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	3,827,664	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	123,075	196,594
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	141,560,801	145,398,716
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	141,560,801	145,398,716
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)	88,774,759	91,139,907
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)	95,326,759	97,691,907
38.	Totals (Page 2, Line 28, Col. 3)	236,887,560	243,090,623
DETAILS OF WRITE-INS			
2501.	Reserve for NC Auto Escrow		59,686
2502.	Reserve for Escheats	123,075	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)	123,075	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	2	3
		Current Year to Date	Prior Year to Date	Prior Year Ended December 31
UNDERWRITING INCOME				
1.	Premiums earned			
1.1	Direct (written \$.....28,510,029)	32,066,039	42,211,896	55,138,680
1.2	Assumed (written \$.....59,766,780)	56,808,277	67,681,325	89,507,529
1.3	Ceded (written \$.....28,510,029)	32,210,037	47,460,320	62,126,496
1.4	Net (written \$.....59,766,780)	56,664,279	62,432,901	82,519,713
DEDUCTIONS:				
2.	Losses incurred (current accident year \$.....0)			
2.1	Direct	27,875,161	29,214,097	38,865,480
2.2	Assumed	45,634,278	50,066,607	63,842,159
2.3	Ceded	27,875,164	29,214,099	38,865,485
2.4	Net	45,634,275	50,066,605	63,842,154
3.	Loss adjustment expenses incurred	1,694,828	6,428,408	7,551,574
4.	Other underwriting expenses incurred	17,956,025	20,031,432	25,226,017
5.	Aggregate write-ins for underwriting deductions	(59,686)	4,806	(121,366)
6.	Total underwriting deductions (Lines 2 through 5)	65,225,442	76,531,251	96,498,379
7.	Net income of protected cells			
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(8,561,163)	(14,098,350)	(13,978,666)
INVESTMENT INCOME				
9.	Net investment income earned	6,105,620	6,355,236	8,342,984
10.	Net realized capital gains (losses) less capital gains tax of \$.....(33,705)	(62,594)	159,785	161,412
11.	Net investment gain (loss) (Lines 9 + 10)	6,043,026	6,515,021	8,504,396
OTHER INCOME				
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)	(106,716)	(195,782)	(234,311)
13.	Finance and service charges not included in premiums	402,120	498,346	637,367
14.	Aggregate write-ins for miscellaneous income	570	8,419	8,419
15.	Total other income (Lines 12 through 14)	295,974	310,983	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)	(2,222,163)	(7,272,346)	(5,062,795)
17.	Dividends to policyholders	283,385	380,103	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)	(2,505,548)	(7,652,449)	(5,449,794)
19.	Federal and foreign income taxes incurred	33,705	252,530	251,654
20.	Net income (Line 18 minus Line 19) (to Line 22)	(2,539,253)	(7,904,979)	(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)	(2,539,253)	(7,904,979)	(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 \$.....(82,973)	155,686	178,008	301,380
25.	Change in net unrealized foreign exchange capital gain (loss)			
26.	Change in net deferred income tax	(364,458)	315,930	78,225
27.	Change in nonadmitted assets	382,881	(114,241)	(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)	(2,365,144)	(7,525,282)	(5,439,689)
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	95,326,756	95,606,307	97,691,900
DETAILS OF WRITE-INS				
0501.	NC AUTO ESCROW EXPENSE	(59,686)	4,806	(121,366)
0502.	0			
0503.	0			
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)	4,806	(121,366)
1401.	MISCELLANEOUS INCOME	570	8,419	8,419
1402.	0			
1403.	0			
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	570	8,419	8,419
3701.	0			
3702.	0			
3703.	0			
3798.	Summary of remaining write-ins for Line 37 from overflow page			
3799.	TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)			

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	55,545,899	63,760,268	82,191,003
2.	Net investment income	6,513,140	6,750,075	9,093,773
3.	Miscellaneous income	295,974	310,983	411,475
4.	Total (Lines 1 to 3)	62,355,013	70,821,326	91,696,251
5.	Benefit and loss related payments	47,966,397	47,299,680	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	22,381,439	26,194,443	33,052,463
8.	Dividends paid to policyholders	274,427	336,320	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)	70,622,263	73,830,443	93,008,586
11.	Net cash from operations (Line 4 minus Line 10)	(8,267,250)	(3,009,117)	(1,312,335)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	18,058,034	19,078,488	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)
12.8	Total investment proceeds (Lines 12.1 to 12.7)	18,058,034	19,078,488	24,038,488
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	14,611,019	19,949,045	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)	14,611,019	19,949,045	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)	3,447,015	(870,557)	(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)	3,647,811	2,444,697	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)	3,647,811	2,444,697	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)	(1,172,424)	(1,434,977)	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)	1,718,248	949,838	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

1. 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

9. Income Taxes

A. The components of the net deferred tax asset / (liability) at September 30 are as follows:

	2011	2010
	<u>CHANGE</u>	<u>CHANGE</u>
(1) Total of all deferred tax assets (admitted and nonadmitted)	\$ (287,084)	\$ 121,130
(2) Total of all deferred tax liabilities	\$ (5,599)	\$ (14,342)
(3) Total deferred tax assets nonadmitted in accordance with SSAP No. 10,Income Taxes	\$ (106,728)	\$ 315,613
(4) Increase (decrease) in deferred tax assets nonadmitted	\$ (422,341)	\$ 151,912

B. Deferred tax liabilities not recognized: NONE

C. Current income taxes incurred consist of the following major components:

	2011	2010
	<u>CHANGE</u>	<u>CHANGE</u>
(1) Current tax expense or benefit:	\$ (338,568)	\$ 1,961,897
(2) Change in DTA's or DTL's	\$ (101,344)	\$ 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:

<u>DTA's</u>	<u>Statutory</u>	<u>Tax</u>	<u>Difference</u>	<u>Tax Effect</u>
Reserves	\$ 130,849,448	\$ 113,570,128	\$ 17,279,320	\$ 6,047,762
Accrued deferred compensation	\$ 1,201,968	\$ 0	\$ 1,201,968	\$ 420,689
0299. Total DTA's	\$ 135,792,536	\$ 113,277,925	\$ 22,514,611	\$ 7,880,114
0399. DTA's nonadmitted	\$ 0	\$ 0	\$ 10,128,894	\$ 3,545,113
<u>DTL's</u>	<u>Statutory</u>	<u>Tax</u>	<u>Difference</u>	<u>Tax Effect</u>
Bonds	\$ 39,294	\$ 0	\$ 39,294	\$ 13,753
0499. Total DTL's	\$ 3,414,400	\$ 3,027,951	\$ 386,449	\$ 135,257

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

	2011	2010
	<u>CHANGE</u>	<u>CHANGE</u>
DTA's resulting from book/tax differences in:		
Reserves	\$ (354,656)	\$ 14,914
Accrued deferred compensation	\$ 10,057	\$ 3,953
0599. Total DTA's	\$ (287,084)	\$ 121,130
0699. DTA's nonadmitted	\$ (106,728)	\$ 315,613
DTL's resulting from book/tax differences in		
Bonds	\$ (695)	\$ (3,582)
0799. Total DTL's	\$ (5,599)	\$ (14,342)

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

	<u>Amount</u>	<u>Tax Effect</u>
Income before taxes	\$ (2,159,568)	\$ (755,849)
Book over tax reserves	\$ (581,626)	\$ (203,569)
Depreciation	\$ 0	\$ 0
Accrued market discount	\$ 17,413	\$ 6,095
Tax exempt interest	\$ 4,089,671	\$ 1,431,385
Dividend received deduction	\$ 0	\$ 0
Accrued dividends	\$ 0	\$ 0
Accrued deferred compensation	\$ 228,926	\$ 80,124
0399. Total adjustments	\$ (4,412,834)	\$(1,544,492)
0499. Taxable income	\$ (6,572,402)	\$(2,300,341)

- E. (1) At December 31, 2010, All America 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

F. (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]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 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 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	2	3
Name of Entity	NAIC Company Code	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?
If yes, attach an explanation.

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

Yes[X] No[]
- 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	283,634
14.24 Short-Term Investments		
14.25 Mortgages Loans on Real Estate		
14.26 All Other	13,226,103	13,535,880
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	13,746,801	13,819,514
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?
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[X]
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?
16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:
- Yes[X] No[]

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?
16.4 If yes, give full and complete information relating thereto:
- Yes[] No[X]

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?
17.2 If no, list exceptions:
- Yes[X] No[]

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?
If yes, attach an explanation.

Yes[] No[X] N/A[]
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?
If yes, attach an explanation.

Yes[] No[X]
- 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

5.2 A&H cost containment percent

5.3 A&H expense percent excluding cost containment expenses

.....0.000%

.....0.000%

.....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)
All other insurers				
00000 ...	AA-1126510 .	LLOYD'S SYNDICATE NUMBER 510	GB .....	.. Yes[] No[X] .
00000 ...	AA-1128001 .	LLOYD'S SYNDICATE NUMBER 2001	GB .....	.. Yes[] No[X] .
00000 ...	AA-1126609 .	LLOYD'S SYNDICATE NUMBER 609	GB .....	.. Yes[] No[X] .
00000 ...	AA-1120071 .	LLOYD'S SYNDICATE NUMBER 2007	GB .....	.. Yes[] No[X] .
00000 ...	AA-1128488 .	LLOYD'S SYNDICATE NUMBER 2488	GB .....	.. Yes[] No[X] .
00000 ...	AA-1128987 .	LLOYD'S SYNDICATE NUMBER 2987	GB .....	.. Yes[] No[X] .
00000 ...	AA-1126004 .	LLOYD'S SYNDICATE NUMBER 4444	GB .....	.. Yes[] No[X] .
00000 ...	AA-1120103 .	LLOYD'S SYNDICATE NUMBER 1967	GB .....	.. Yes[] No[X] .
00000 ...	AA-1127200 .	LLOYD'S SYNDICATE NUMBER 1200	GB .....	.. Yes[] No[X] .
00000 ...	AA-1126807 .	LLOYD'S SYNDICATE NUMBER 807	GB .....	.. Yes[] No[X] .
00000 ...	AA-1340125 .	HANNOVER RUCKVERSICHERUNGS AG	DE .....	.. Yes[] No[X] .

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
States, Etc.	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama (AL)	N						
2. Alaska (AK)	N						
3. Arizona (AZ)	L	1,114,573	1,276,520	1,348,406	1,166,977	3,696,702	4,329,085
4. Arkansas (AR)	N						
5. California (CA)	L					315,330	315,577
6. Colorado (CO)	N						
7. Connecticut (CT)	L	956,338	2,024,900	920,047	1,128,957	4,798,172	5,478,973
8. Delaware (DE)	N						
9. District of Columbia (DC)	N						
10. Florida (FL)	N			(510)	(50)	56,119	54,219
11. Georgia (GA)	L	3,628,840	4,984,545	2,720,143	2,384,943	5,675,957	7,567,548
12. Hawaii (HI)	N						
13. Idaho (ID)	N						
14. Illinois (IL)	L	1,094,817	1,258,394	1,261,077	1,794,620	8,819,292	6,116,110
15. Indiana (IN)	L	2,189,627	2,068,118	2,859,522	638,271	7,652,110	2,852,550
16. Iowa (IA)	L						
17. Kansas (KS)	N						
18. Kentucky (KY)	L	9,084	61,839	7,498	1,600	12,379	620
19. Louisiana (LA)	N			200,000			337,236
20. Maine (ME)	N						
21. Maryland (MD)	N						
22. Massachusetts (MA)	L	2,963,916	4,359,447	2,420,642	3,275,795	13,973,897	12,217,239
23. Michigan (MI)	L	940,361	1,462,742	1,859,844	695,589	2,118,133	2,281,383
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	(37,200)	(172,694)	643,554	1,930,151	8,671,247	8,305,390
32. New Mexico (NM)	N						
33. New York (NY)	L	2,622,928	3,436,824	1,663,697	4,073,037	9,361,251	8,622,197
34. North Carolina (NC)	L	2,603,903	3,759,607	1,199,521	2,198,681	3,522,281	3,564,631
35. North Dakota (ND)	N						
36. Ohio (OH)	L	5,505,688	7,417,956	3,725,434	1,873,332	7,249,716	8,333,531
37. Oklahoma (OK)	L	507,142	935,628	511,480	973,359	2,304,855	3,394,510
38. Oregon (OR)	N						
39. Pennsylvania (PA)	N						
40. Rhode Island (RI)	N						
41. South Carolina (SC)	L	757,669	1,538,455	732,101	598,313	2,298,791	1,345,054
42. South Dakota (SD)	N						
43. Tennessee (TN)	L	1,503,907	1,911,168	675,972	909,080	2,433,209	1,755,436
44. Texas (TX)	L	62,466	160,432	38,607	497,847	1,590,852	1,735,561
45. Utah (UT)	N						
46. Vermont (VT)	N						
47. Virginia (VA)	L	2,085,970	2,735,409	924,261	2,073,098	3,705,355	3,207,426
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	28,510,029	39,219,290	23,711,296	26,213,600	88,255,648	81,814,276

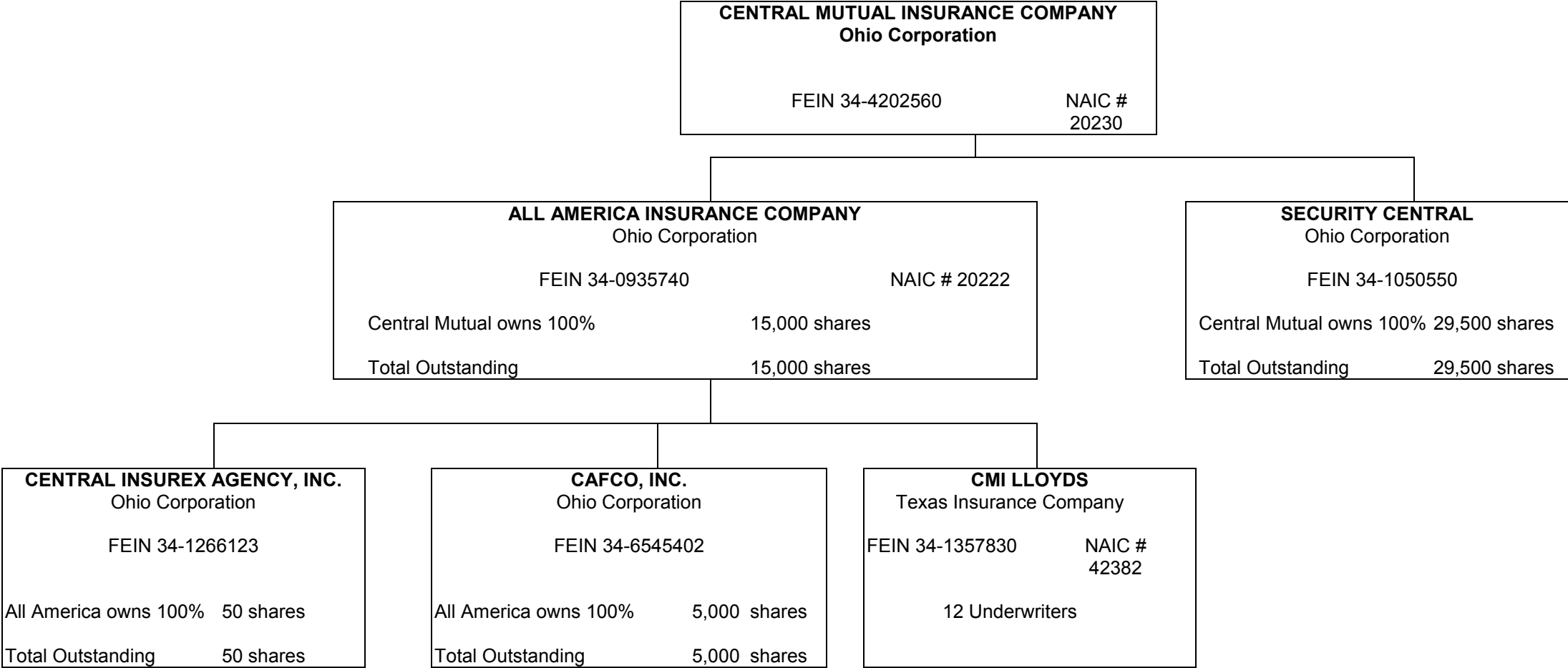
DETAILS OF WRITE-INS							
5801.	X X X						
5802.	X X X						
5803.	X X X						
5898. Summary of remaining write-ins for Line 58 from overflow page	X X X						
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X						

(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

Q11



STATEMENT AS OF **September 30, 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	170,769	37,677	22.063	0.222
2.	Allied lines	244,183	198,117	81.135	0.190
3.	Farmowners multiple peril				
4.	Homeowners multiple peril		(59,163)		
5.	Commercial multiple peril	17,305,372	19,133,294	110.563	0.702
6.	Mortgage guaranty				
8.	Ocean marine				
9.	Inland marine	56,810	5,453	9.599	1.216
10.	Financial guaranty				
11.1	Medical professional liability - occurrence				
11.2	Medical professional liability - claims made				
12.	Earthquake	6,690			
13.	Group accident and health				
14.	Credit accident and health				
15.	Other accident and health				
16.	Workers' compensation	3,137,551	540,630	17.231	0.484
17.1	Other liability - occurrence	48,272	350,770	726.653	(1.118)
17.2	Other liability - claims made				
17.3	Excess Workers' Compensation				
18.1	Products liability - occurrence	2,153,429	1,643,430	76.317	2.273
18.2	Products liability - claims made				
19.1	19.2 Private passenger auto liability		(651,635)		
19.3	19.4 Commercial auto liability	6,749,952	5,044,593	74.735	0.476
21.	Auto physical damage	2,069,614	1,630,011	78.759	0.685
22.	Aircraft (all perils)				
23.	Fidelity	2,082			
24.	Surety				
26.	Burglary and theft	26			
27.	Boiler and machinery	121,289	1,984	1.636	
28.	Credit				
29.	International				
30.	Warranty				
31.	Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X	X X X
32.	Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X	X X X
33.	Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X	X X X
34.	Aggregate write-ins for other lines of business				
35.	TOTALS	32,066,039	27,875,161	86.931	0.692
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	66,125	155,491	183,365
2.	Allied lines	96,126	207,917	280,082
3.	Farmowners multiple peril			
4.	Homeowners multiple peril			
5.	Commercial multiple peril	5,225,327	15,869,631	21,013,203
6.	Mortgage guaranty			
8.	Ocean marine			
9.	Inland marine	19,193	50,756	101,267
10.	Financial guaranty			
11.1	Medical professional liability - occurrence			
11.2	Medical professional liability - claims made			
12.	Earthquake	1,764	18,532	
13.	Group accident and health			
14.	Credit accident and health			
15.	Other accident and health			
16.	Workers' compensation	765,278	2,367,836	4,808,184
17.1	Other liability - occurrence	504	10,739	86,100
17.2	Other liability - claims made			
17.3	Excess Workers' Compensation			
18.1	Products liability - occurrence	610,026	1,963,914	2,290,071
18.2	Products liability - claims made			
19.1	19.2 Private passenger auto liability			
19.3	19.4 Commercial auto liability	1,852,271	5,803,677	7,916,720
21.	Auto physical damage	710,364	1,944,203	2,383,397
22.	Aircraft (all perils)			
23.	Fidelity	1,719	3,286	2,763
24.	Surety			
26.	Burglary and theft		88	
27.	Boiler and machinery	60,250	113,959	154,138
28.	Credit			
29.	International			
30.	Warranty			
31.	Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X
32.	Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X
33.	Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X
34.	Aggregate write-ins for other lines of business			
35.	TOTALS	9,408,947	28,510,029	39,219,290
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

		1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred		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 Reserves Developed (Savings)/ Deficiency (Cols. 11 + 12)
1.	2008 + Prior	25,644	18,177	43,821	4,281	393	4,674	21,642	3,020	9,679	34,341	280	(5,086)	(4,806)
2.	2009	10,491	7,926	18,417	3,562	456	4,017	7,040	2,240	2,488	11,768	111	(2,742)	(2,631)
3.	Subtotals 2009 + Prior	36,135	26,103	62,238	7,843	848	8,691	28,683	5,260	12,166	46,109	391	(7,828)	(7,437)
4.	2010	19,173	14,279	33,452	7,538	3,292	10,830	11,704	4,299	7,863	23,866	69	1,175	1,244
5.	Subtotals 2010 + Prior	55,308	40,382	95,690	15,381	4,140	19,521	40,387	9,559	20,030	69,975	459	(6,653)	(6,194)
6.	2011	X X X	X X X	X X X	X X X	33,781	33,781	X X X	14,152	5,591	19,744	X X X	X X X	X X X
7.	Totals	55,308	40,382	95,690	15,381	37,922	53,302	40,387	23,711	25,621	89,719	459	(6,653)	(6,194)
8.	Prior Year-End's Surplus As Regards Policyholders	97,691,902										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..... 0.831	2..... (16.476)	3..... (6.473)
														Col. 13, Line 7 Line 8
														4..... (0.006)

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.

	RESPONSES
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

Explanations:

Bar Codes:

Trusted Surplus Statement



2022201149000003 2011 Document Code: 490

Supplement A to Schedule T



2022201145500003 2011 Document Code: 455

Medicare Part D Coverage Supplement



2022201136500003 2011 Document Code: 365

Director and Officer Supplement



2022201150500003 2011 Document Code: 505

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **September 30, 2011** OF THE **ALL AMERICA INSURANCE COMPANY**
SCHEDULE A - VERIFICATION

Real Estate		
	1	2
	Year To Date	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	2
	Year To Date	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	2
	Year To Date	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)	309,779	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)	13,535,883	13,226,104
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	13,535,883	13,226,104

SCHEDULE D - VERIFICATION
Bonds and Stocks

	1	2
	Year To Date	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	14,611,019	24,459,020
3. Accrual of discount	17,413	20,925
4. Unrealized valuation increase (decrease)	(237,063)	(163,561)
5. Total gain (loss) on disposals	(96,299)	248,325
6. Deduct consideration for bonds and stocks disposed of	18,058,034	24,538,488
7. Deduct amortization of premium	712,328	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)	187,356,595	191,831,887
11. Deduct total nonadmitted amounts	283,634	520,698
12. Statement value at end of current period (Line 10 minus Line 11)	187,072,961	191,311,190

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	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	185,920,400	8,326,385	11,681,207	(221,313)	187,287,735	185,920,400	182,344,265	185,693,705
2. Class 2 (a)	6,426,656			(8,490)	8,448,962	6,426,656	6,418,166	8,459,937
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	192,347,056	8,326,385	11,681,207	(229,803)	195,736,697	192,347,056	188,762,431	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	192,347,056	8,326,385	11,681,207	(229,803)	195,736,697	192,347,056	188,762,431	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 \$.....500,000; 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	1,691,087	X X X	1,691,086	1,405	

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	19,998,836	36,335,955
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	21,151,819	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)	1,691,087	2,844,070
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	1,691,087	2,844,070

SI04	Schedule DB - Part A Verification	NONE
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SI04	Schedule DB - Part B Verification	NONE
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SI05	Schedule DB Part C Section 1	NONE
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SI06 Schedule DB Part C Section 2 NONE

SI07	Schedule DB - Verification	NONE
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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	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
3133757K7	FEDERAL HOME LOAN BANK		08/03/2011	Stephens, Inc.	X X X	500,000	500,000.00		1FE
0599999 Subtotal - Bonds - U.S. Governments					X X X	500,000	500,000.00		X X X
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
1994914R9	COLUMBUS OH TAXABLE SER C		07/28/2011	Fifth 3rd Securities	X X X	500,000	500,000.00		1FE
1994914N8	COLUMBUS OH VAR PURP GO		07/28/2011	Fifth 3rd Securities	X X X	690,000	690,000.00		1FE
2499999 Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					X X X	1,190,000	1,190,000.00		X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)									
141781AY0	CARGILL, INC.		07/15/2011	Stifel Nicolaus	X X X	516,400	500,000.00	3,828	1FE
55259PAE6	MARSHALL & ILSLEY BANK		07/12/2011	BMO Capital Markets	X X X	547,140	500,000.00	1,953	1FE
744533BK5	PUBLIC SERVICE OKLAHOMA		07/13/2011	Mesirow Capital Markets	X X X	544,240	500,000.00	3,362	1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	1,607,780	1,500,000.00	9,143	X X X
8399997 Subtotal - Bonds - Part 3					X X X	3,297,780	3,190,000.00	9,143	X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	3,297,780	3,190,000.00	9,143	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X		X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	3,297,780	X X X	9,143	X X X

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

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

1	2	3 F o r e i g n	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP	Description		Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)	
Bonds - U.S. Governments																						
313374M64	FEDERAL HOME LOAN BANK		09/30/2011	CALLED @ 100.0000000	X X X	500,000	500,000.00	500,000							500,000				2,500	06/30/2021	1FE	
3133XRQZ6	FEDERAL HOME LOAN BANK		07/15/2011	CALLED @ 100.0000000	X X X	500,000	500,000.00	500,000	500,000						500,000				26,000	07/15/2015	1FE	
9128277B2	U.S. TREASURY NOTES		08/15/2011	MATURITY	X X X	400,000	400,000.00	413,548	401,352		(1,352)		(1,352)		400,000				20,000	08/15/2011	1	
0599999 Subtotal - Bonds - U.S. Governments					X X X	1,400,000	1,400,000.00	1,413,548	901,352		(1,352)		(1,352)		1,400,000				48,500	X X X	X X X	
Bonds - U.S. Political Subdivisions of States, Territories and Possessions																						
186343SN0	CLEVELAND OH		08/01/2011	MATURITY	X X X	500,000	500,000.00	520,190	501,712		(1,712)		(1,712)		500,000				20,000	08/01/2011	1FE	
7252763A5	PITTSBURGH PA SD		09/01/2011	MATURITY	X X X	750,000	750,000.00	788,100	753,602		(3,602)		(3,602)		750,000				30,000	09/01/2011	1FE	
2499999 Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					X X X	1,250,000	1,250,000.00	1,308,290	1,255,314		(5,314)		(5,314)		1,250,000				50,000	X X X	X X X	
Bonds - U.S. Special Revenue, Special Assessment																						
45200PWL7	IL HLTH FAC AUTH UNIV CHICAGO																					
	HOSP		08/15/2011	MATURITY	X X X	600,000	600,000.00	634,332	604,344		(4,344)		(4,344)		600,000				30,000	08/15/2011	1FE	
558685GS6	MADISONVILLE KY WTR & SWR		09/01/2011	MATURITY	X X X	575,000	575,000.00	602,163	577,612		(2,612)		(2,612)		575,000				23,000	09/01/2011	1FE	
64985MTX4	NY ST ENVIRON FAC CLEAN WTR		07/18/2011	CALLED	X X X	500,000	500,000.00	539,240	502,552		(2,552)		(2,552)		500,000				13,460	06/15/2013	1FE	
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					X X X	1,675,000	1,675,000.00	1,775,735	1,684,508		(9,508)		(9,508)		1,675,000				66,460	X X X	X X X	
Bonds - Industrial and Miscellaneous (Unaffiliated)																						
39121JAA8	GREAT RIVER ENERGY 1ST MTG 144A		07/01/2011	Sink PMT @ 100.0000000	X X X	50,722	50,722.06	50,846	50,820		(98)		(98)		50,722				2,957	07/01/2017	1FE	
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	50,722	50,722.06	50,846	50,820		(98)		(98)		50,722				2,957	X X X	X X X	
8399997 Subtotal - Bonds - Part 4					X X X	4,375,722	4,375,722.06	4,548,419	3,891,994		(16,272)		(16,272)		4,375,722				167,917	X X X	X X X	
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	4,375,722	4,375,722.06	4,548,419	3,891,994		(16,272)		(16,272)		4,375,722				167,917	X X X	X X X	
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	X X X	X X X	X X X	X X X										X X X	X X X	X X X	
9999999 Total - Bonds, Preferred and Common Stocks					X X X	4,375,722	X X X	4,548,419	3,891,994		(16,272)		(16,272)		4,375,722				167,917	X X X	X X X	X X X

(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			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										X X X
0199998 Deposits in .....1 depositories that do not exceed the allowable limit in any one depository - open depositories			X X X	... X X X ..	..... 163	.....	..... 61,775	..... 39,476	..... 27,164	X X X
0199999 Totals - Open Depositories			X X X	... X X X ..	..... 163	.....	..... 61,775	..... 39,476	..... 27,164	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - suspended depositories			X X X	... X X X ..	.....	.....	.....	.....	.....	X X X
0299999 Totals - Suspended Depositories			X X X	... X X X ..	.....	.....	.....	.....	.....	X X X
0399999 Total Cash On Deposit			X X X	... X X X ..	..... 163	.....	..... 61,775	..... 39,476	..... 27,164	X X X
0499999 Cash in Company's Office			X X X	... X X X ..	... X X X ..	... X X X ..	.....	.....	.....	X X X
0599999 Total Cash			X X X	... X X X ..	..... 163	.....	..... 61,775	..... 39,476	..... 27,164	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<div>NONE</div>							
8699999 Total - Cash Equivalents



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

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

Hospitals

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

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

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

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

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

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



DIRECTOR AND OFFICER SUPPLEMENT

Year to Date For the Period Ended September 30
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	2	3
	Direct Written Premium	Direct Earned Premium	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[X]

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[X]

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

\$ 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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