



ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

EVERGREEN NATIONAL INDEMNITY COMPANY

NAIC Group Code.....3592, 3592 (Current Period) (Prior Period)	NAIC Company Code..... 12750	Employer's ID Number..... 36-2467238
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... December 30, 1939	Commenced Business..... January 1, 1940	
Statutory Home Office	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH 44124 (Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH 44124	440-229-3420 (Area Code) (Telephone Number)
Mail Address	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH 44124 (Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH 44124	440-229-3403 (Area Code) (Telephone Number)
Internet Web Site Address	www.evergreen-national.com	
Statutory Statement Contact	DAVID ALAN CANZONE (Name) dcanzzone@evergreen-national.com (E-Mail Address)	440-229-3403 (Area Code) (Telephone Number) (Extension) 440-229-3421 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. CHARLES DELL HAMM JR.	PRESIDENT	2. DAVID ALAN CANZONE	CFO/TREASURER
3. WAN CHEN COLLIER	SECRETARY	4. EDWARD FARRELL FEIGHAN	COO
CRAIG LANGJAHR STOUT	VICE PRESIDENT		

OTHER

DIRECTORS OR TRUSTEES			
CHARLES DELL HAMM JR.	CRAIG LANGJAHR STOUT	EDWARD FARRELL FEIGHAN	DAVID ALAN CANZONE
ROSWELL PAIN ELLIS			

State of..... Ohio
County of.... Cuyahoga

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

(Signature) CHARLES DELL HAMM JR.	(Signature) DAVID ALAN CANZONE	(Signature) WAN CHEN COLLIER
1. (Printed Name) PRESIDENT	2. (Printed Name) CFO/TREASURER	3. (Printed Name) SECRETARY
(Title)	(Title)	(Title)
Subscribed and sworn to before me		a. Is this an original filing?
This _____ day of _____	2012	b. If no 1. State the amendment number
		2. Date filed
		3. Number of pages attached
		Yes [X] No []

EVERGREEN NATIONAL INDEMNITY COMPANY

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	26,076,441		26,076,441	27,893,256
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	1,545,688		1,545,688	1,327,729
2.2 Common stocks.....	594,076		594,076	6,021,617
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....	534,127		534,127	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
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 (\$.....13,067,856, Sch. E-Part 1), cash equivalents (\$.....0, Sch. E-Part 2) and short-term investments (\$.....6,061,809, Sch. DA).....	19,129,665		19,129,665	9,191,541
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	47,879,998	0	47,879,998	44,434,143
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	288,073		288,073	255,809
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in course of collection.....	1,863,537		1,863,537	2,047,712
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.....	347,688	62,365	285,323	264,270
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.....			0	
18.2 Net deferred tax asset.....	1,321,065	912,104	408,961	446,197
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	.74,797	41,648	33,148	18,816
21. Furniture and equipment, including health care delivery assets (\$.....0).....	17,186	17,186	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	43,070
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	.86,707	86,707	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	51,879,050	1,120,010	50,759,040	47,510,017
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	51,879,050	1,120,010	50,759,040	47,510,017

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. Miscellaneous Receivable.....			0	
2502. Recoverable on Profit Commission and Rate Adjustments.....			0	
2503. Automobile.....	.21,286	21,286	0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.65,421	.65,421	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.86,707	86,707	0	0

EVERGREEN NATIONAL INDEMNITY COMPANY
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....	2,521,295	2,480,908
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....	.....	.....
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....	1,483,882	1,575,920
4. Commissions payable, contingent commissions and other similar charges.....	3,650,438	537,618
5. Other expenses (excluding taxes, licenses and fees).....	432,170	298,234
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	210,127	272,387
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	256,798	266,732
7.2 Net deferred tax liability.....	.....	.....
8. Borrowed money \$.....0 and interest thereon \$.....0.....	.....	.....
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....10,498,844 and including warranty reserves of \$.....124,991 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	4,256,991	4,918,287
10. Advance premium.....	.....	.....
11. Dividends declared and unpaid:		
11.1 Stockholders.....	.....	.....
11.2 Policyholders.....	.....	.....
12. Ceded reinsurance premiums payable (net of ceding commissions).....	3,410,400	3,709,655
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19).....	.....	.....
14. Amounts withheld or retained by company for account of others.....	830	645
15. Remittances and items not allocated.....	.....	.....
16. Provision for reinsurance (Schedule F, Part 7).....	.....	.....
17. Net adjustments in assets and liabilities due to foreign exchange rates.....	.....	.....
18. Drafts outstanding.....	.....	.....
19. Payable to parent, subsidiaries and affiliates.....	.....	.....
20. Derivatives.....	.....	.....
21. Payable for securities.....	211,083	.....
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.....	555,756	969,953
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	16,989,770	15,030,339
27. Protected cell liabilities.....	.....	.....
28. Total liabilities (Lines 26 and 27).....	16,989,770	15,030,339
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	3,018,004	3,018,004
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.....	25,841,820	25,841,820
35. Unassigned funds (surplus).....	4,909,446	3,619,854
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) (Page 4, Line 39).....	33,769,270	32,479,678
38. TOTALS (Page 2, Line 28, Col. 3).....	50,759,040	47,510,017

DETAILS OF WRITE-INS

2501. Misc Payable.....	16,481	17,285
2502. Collateral Account.....	539,275	952,668
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).....	555,756	969,953
2901. .....	.....	.....
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).....	0	0
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

EVERGREEN NATIONAL INDEMNITY COMPANY
STATEMENT OF INCOME

	1 Current Year	2 Prior Year
1. Premiums earned (Part 1, Line 35, Column 4).....	11,470,632	11,407,625
DEDUCTIONS		
2. Losses incurred (Part 2, Line 35, Column 7).....	39,513	(8,570)
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	(84,337)	162,295
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	7,989,272	8,360,191
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	7,944,448	8,513,916
7. Net income of protected cells.....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	3,526,184	2,893,709
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	2,006,744	1,063,623
10. Net realized capital gains (losses) less capital gains tax of \$.....0 (Exhibit of Capital Gains (Losses)).....	361,044	(1,248,695)
11. Net investment gain (loss) (Lines 9 + 10).....	2,367,788	(185,072)
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	
13. Finance and service charges not included in premiums.....		
14. Aggregate write-ins for miscellaneous income.....	167	(21)
15. Total other income (Lines 12 through 14).....	167	(21)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	5,894,139	2,708,616
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).....	5,894,139	2,708,616
19. Federal and foreign income taxes incurred.....	1,479,666	1,397,993
20. Net income (Line 18 minus Line 19) (to Line 22).....	4,414,473	1,310,623
CARTAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	32,479,678	32,893,893
22. Net income (from Line 20).....	4,414,473	1,310,623
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....	(1,016,111)	392,447
25. Change in net unrealized foreign exchange capital gain (loss).....		
26. Change in net deferred income tax.....	(109,812)	408,530
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28 Column 3).....	251,042	(275,815)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....		
29. Change in surplus notes.....		
30. Surplus (contributed to) withdrawn from protected cells.....		
31. Cumulative effect of changes in accounting principles.....		
32. Capital changes:		
32.1 Paid in.....		
32.2 Transferred from surplus (Stock Dividend).....		
32.3 Transferred to surplus.....		
33. Surplus adjustments:		
33.1 Paid in.....		
33.2 Transferred to capital (Stock Dividend).....		
33.3 Transferred from capital.....		
34. Net remittances from or (to) Home Office.....		
35. Dividends to stockholders.....	(2,250,000)	(2,250,000)
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....		
37. Aggregate write-ins for gains and losses in surplus.....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	1,289,592	(414,215)
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	33,769,270	32,479,678

DETAILS OF WRITE-INS

0501.		
0502.		
0503.		
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0
1401. Miscellaneous Expense.....	167	(21)
1402.		
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	167	(21)
3701. Change in beginning Unearned Premium.....		
3702. Amortization of Prepaid Expense.....		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0

EVERGREEN NATIONAL INDEMNITY COMPANY

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	10,694,256	12,239,251
2. Net investment income.....	2,104,399	1,195,368
3. Miscellaneous income.....	.167	(21)
4. Total (Lines 1 through 3).....	12,798,822	13,434,598
5. Benefit and loss related payments.....	20,179	(190,980)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	4,807,204	10,299,046
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,489,600	1,129,659
8. Dividends paid to policyholders.....	6,316,983	11,237,725
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	6,481,839	2,196,874
10. Total (Lines 5 through 9).....		
11. Net cash from operations (Line 4 minus Line 10).....		
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	5,147,342	4,809,632
12.2 Stocks.....	5,209,835	316,566
12.3 Mortgage loans.....	15,874	.....
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.....	211,083	.....
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	10,584,134	5,126,198
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	3,459,979	4,610,211
13.2 Stocks.....	661,056	24,850
13.3 Mortgage loans.....	550,000	.....
13.4 Real estate.....	.....	.....
13.5 Other invested assets.....	.....	.....
13.6 Miscellaneous applications.....	.....	.....
13.7 Total investments acquired (Lines 13.1 to 13.6).....	4,671,035	4,635,061
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	5,913,099	491,137
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.....	2,250,000	2,250,000
16.6 Other cash provided (applied).....	(206,814)	(83,759)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(2,456,814)	(2,333,759)
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).....	9,938,124	354,252
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	9,191,541	8,837,289
19.2 End of year (Line 18 plus Line 19.1).....	19,129,665	9,191,541

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

20,0001
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EVERGREEN NATIONAL INDEMNITY COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums December 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums December 31 Current Year- per Col. 5, Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire.....				0
2. Allied lines.....				0
3. Farmowners multiple peril.....				0
4. Homeowners multiple peril.....				0
5. Commercial multiple peril.....				0
6. Mortgage guaranty.....				0
8. Ocean marine.....				0
9. Inland marine.....				0
10. Financial guaranty.....				0
11.1 Medical professional liability - occurrence.....				0
11.2 Medical professional liability - claims-made.....				0
12. Earthquake.....				0
13. Group accident and health.....				0
14. Credit accident and health (group and individual).....				0
15. Other accident and health.....				0
16. Workers' compensation.....				0
17.1 Other liability - occurrence.....	100,000			100,000
17.2 Other liability - claims-made.....				0
17.3 Excess workers' compensation.....				0
18.1 Products liability - occurrence.....				0
18.2 Products liability - claims-made.....				0
19.1, 19.2 Private passenger auto liability.....				0
19.3, 19.4 Commercial auto liability.....				0
21. Auto physical damage.....				0
22. Aircraft (all perils).....				0
23. Fidelity.....				0
24. Surety.....	10,673,731	4,770,850	4,132,000	11,312,581
26. Burglary and theft.....				0
27. Boiler and machinery.....				0
28. Credit.....				0
29. International.....				0
30. Warranty.....	35,605	147,437	124,991	58,051
31. Reinsurance - nonproportional assumed property.....				0
32. Reinsurance - nonproportional assumed liability.....				0
33. Reinsurance - nonproportional assumed financial lines.....				0
34. Aggregate write-ins for other lines of business.....	0	0	0	0
35. TOTALS.....	10,809,336	4,918,287	4,256,991	11,470,632

DETAILS OF WRITE-INS

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

EVERGREEN NATIONAL INDEMNITY COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned But Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire.....					..0
2. Allied lines.....					..0
3. Farmowners multiple peril.....					..0
4. Homeowners multiple peril.....					..0
5. Commercial multiple peril.....					..0
6. Mortgage guaranty.....					..0
8. Ocean marine.....					..0
9. Inland marine.....					..0
10. Financial guaranty.....					..0
11.1 Medical professional liability - occurrence.....					..0
11.2 Medical professional liability - claims-made.....					..0
12. Earthquake.....					..0
13. Group accident and health.....					..0
14. Credit accident and health (group and individual).....					..0
15. Other accident and health.....					..0
16. Workers' compensation.....					..0
17.1 Other liability - occurrence.....					..0
17.2 Other liability - claims-made.....					..0
17.3 Excess workers' compensation.....					..0
18.1 Products liability - occurrence.....					..0
18.2 Products liability - claims-made.....					..0
19.1, 19.2 Private passenger auto liability.....					..0
19.3, 19.4 Commercial auto liability.....					..0
21. Auto physical damage.....					..0
22. Aircraft (all perils).....					..0
23. Fidelity.....					..0
24. Surety.....	4,132,000				4,132,000
26. Burglary and theft.....					..0
27. Boiler and machinery.....					..0
28. Credit.....					..0
29. International.....					..0
30. Warranty.....	124,991				124,991
31. Reinsurance - nonproportional assumed property.....					..0
32. Reinsurance - nonproportional assumed liability.....					..0
33. Reinsurance - nonproportional assumed financial lines.....					..0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0
35. TOTALS.....	4,256,991	0	0	0	4,256,991
36. Accrued retrospective premiums based on experience.....					
37. Earned but unbilled premiums.....					..0
38. Balance (sum of Lines 35 through 37).....					4,256,991

DETAILS OF WRITE-INS

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

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

EVERGREEN NATIONAL INDEMNITY COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written (Cols. 1 + 2 + 3 - 4 - 5)
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire.....						0
2. Allied lines.....						0
3. Farmowners multiple peril.....						0
4. Homeowners multiple peril.....						0
5. Commercial multiple peril.....						0
6. Mortgage guaranty.....						0
8. Ocean marine.....						0
9. Inland marine.....						0
10. Financial guaranty.....						0
11.1 Medical professional liability - occurrence.....						0
11.2 Medical professional liability - claims-made.....						0
12. Earthquake.....						0
13. Group accident and health.....						0
14. Credit accident and health (group and individual).....						0
15. Other accident and health.....						0
16. Workers' compensation.....						0
17.1 Other liability - occurrence.....			100,000			100,000
17.2 Other liability - claims-made.....						0
17.3 Excess workers' compensation.....						0
18.1 Products liability - occurrence.....						0
18.2 Products liability - claims-made.....						0
19.1, 19.2 Private passenger auto liability.....						0
19.3, 19.4 Commercial auto liability.....						0
21. Auto physical damage.....						0
22. Aircraft (all perils).....						0
23. Fidelity.....						0
24. Surety.....	32,555,677		3,050,035		24,931,981	10,673,731
26. Burglary and theft.....						0
27. Boiler and machinery.....						0
28. Credit.....						0
29. International.....						0
30. Warranty.....	24,935		10,670			35,605
31. Reinsurance - nonproportional assumed property.....	XXX					0
32. Reinsurance - nonproportional assumed liability.....	XXX					0
33. Reinsurance - nonproportional assumed financial lines.....	XXX					0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
35. TOTALS.....	32,580,612	0	3,160,705	0	24,931,981	10,809,336

DETAILS OF WRITE-INS

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

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

If yes: 1. The amount of such installment premiums \$.....0.

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.....0.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
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 (group and individual).....				0			0	
15. Other accident and health.....				0			0	
16. Workers' compensation.....	791,571	6,088	797,659	0	29,138	68,357	(39,219)	(39.2)
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.....				0			0	
19.3, 19.4 Commercial auto liability.....	125,230		125,230	0			0	
21. Auto physical damage.....				0			0	
22. Aircraft (all perils).....				0			0	
23. Fidelity.....				0			0	
24. Surety.....	(162)		713	(875)	2,492,157	2,412,551	78,731	0.7
26. Burglary and theft.....				0			0	
27. Boiler and machinery.....				0			0	
28. Credit.....				0			0	
29. International.....				0			0	
30. Warranty.....				0			0	
31. Reinsurance - nonproportional assumed property.....	XXX			0			0	
32. Reinsurance - nonproportional assumed liability.....	XXX			0			0	
33. Reinsurance - nonproportional assumed financial lines.....	XXX			0			0	
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	
35. TOTALS.....	916,639	6,088	923,602	(875)	2,521,295	2,480,908	39,512	0.3
DETAILS OF WRITE-INS								
3401.				0			0	
3402.				0			0	
3403.				0			0	
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	4 Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
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				(a).0	
14. Credit accident and health (group and individual).....				.0				.0	
15. Other accident and health.....				.0				(a).0	
16. Workers' compensation.....	8,968,310	.29,830	8,998,140	.0	3,814,294	.44,937	.3,859,231	.0	
17.1 Other liability - occurrence.....				.0	203,034	.29,138	.203,034	.29,138	
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.....				.0				.0	
19.3, 19.4 Commercial auto liability.....	.25,335		.25,335	.0	102,328		.102,328	.0	
21. Auto physical damage.....				.0				.0	
22. Aircraft (all perils).....				.0				.0	
23. Fidelity.....				.0				.0	
24. Surety.....	.74,050		.38	.74,012	.7,353,003	.1,243,791	.6,178,649	.2,492,157	.1,483,882
26. Burglary and theft.....				.0				.0	
27. Boiler and machinery.....				.0				.0	
28. Credit.....				.0				.0	
29. International.....				.0				.0	
30. Warranty.....				.0				.0	
31. Reinsurance - nonproportional assumed property.....	XXX			.0	XXX			.0	
32. Reinsurance - nonproportional assumed liability.....	XXX			.0	XXX			.0	
33. Reinsurance - nonproportional assumed financial lines.....	XXX			.0	XXX			.0	
34. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS.....	9,067,695	.29,830	9,023,513	.74,012	.11,472,659	.1,317,866	.10,343,242	.2,521,295	.1,483,882

DETAILS OF WRITE-INS

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

(a) Including \$.00 for present value of life indemnity claims.

EVERGREEN NATIONAL INDEMNITY COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct.....	(362,070)			(362,070)
1.2 Reinsurance assumed.....	84,077			84,077
1.3 Reinsurance ceded.....	(193,656)			(193,656)
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	(84,337)	0	0	(84,337)
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....		15,626,725		15,626,725
2.2 Reinsurance assumed, excluding contingent.....		1,485,101		1,485,101
2.3 Reinsurance ceded, excluding contingent.....		12,338,029		12,338,029
2.4 Contingent - direct.....				0
2.5 Contingent - reinsurance assumed.....				0
2.6 Contingent - reinsurance ceded.....				0
2.7 Policy and membership fees.....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	4,773,797	0	4,773,797
3. Allowances to manager and agents.....				0
4. Advertising.....		35,480		35,480
5. Boards, bureaus and associations.....		64,891		64,891
6. Surveys and underwriting reports.....				0
7. Audit of assureds' records.....				0
8. Salary and related items:				
8.1 Salaries.....	892,100	13,585		905,685
8.2 Payroll taxes.....	38,579	587		39,166
9. Employee relations and welfare.....	130,031	1,980		132,011
10. Insurance.....	96,445			96,445
11. Directors' fees.....				0
12. Travel and travel items.....	221,399	3,372		224,771
13. Rent and rent items.....	118,076	1,798		119,873
14. Equipment.....	119,955	1,827		121,782
15. Cost or depreciation of EDP equipment and software.....	70,800	1,078		71,878
16. Printing and stationery.....	7,401	113		7,514
17. Postage, telephone and telegraph, exchange and express.....	48,187	734		48,921
18. Legal and auditing.....	289,201	4,404		293,605
19. Totals (Lines 3 to 18).....	0	2,132,545	29,476	2,162,021
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....		621,397		621,397
20.2 Insurance department licenses and fees.....		233,677		233,677
20.3 Gross guaranty association assessments.....				0
20.4 All other (excluding federal and foreign income and real estate).....		17,300		17,300
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	0	872,374	0	872,374
21. Real estate expenses.....				0
22. Real estate taxes.....				0
23. Reimbursements by uninsured plans.....				0
24. Aggregate write-ins for miscellaneous expenses.....	0	210,556	81,076	291,632
25. Total expenses incurred.....	(84,337)	7,989,272	110,552	(a).....8,015,487
26. Less unpaid expenses - current year.....	1,483,882	4,276,235	16,500	5,776,617
27. Add unpaid expenses - prior year.....	1,575,920	1,083,966	21,773	2,681,659
28. Amounts receivable relating to uninsured plans, prior year.....				0
29. Amounts receivable relating to uninsured plans, current year.....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	7,702	4,797,003	115,825	4,920,529

DETAILS OF WRITE-INS

2401. Other Outside Services.....		129,288	81,076	210,364
2402. Data Processing.....		55,204		55,204
2403. Other.....		26,064		26,064
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above).....	0	210,556	81,076	291,632

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EVERGREEN NATIONAL INDEMNITY COMPANY
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....262,679	.....255,671
1.1 Bonds exempt from U.S. tax.....	(a).....222,100	.....217,586
1.2 Other bonds (unaffiliated).....	(a).....505,297	.....523,920
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....106,161	.....108,065
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....10,081	.....13,501
2.21 Common stocks of affiliates.....	.....935,849	.....955,957
3. Mortgage loans.....	(c).....24,459	.....24,459
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....18,406	.....18,139
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....2,085,033	.....2,117,296
11. Investment expenses.....	(g).....110,552	.....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....	.....
13. Interest expense.....	(h).....	.....
14. Depreciation on real estate and other invested assets.....	(i).....0	.....0
15. Aggregate write-ins for deductions from investment income.....	.....0	.....
16. Total deductions (Lines 11 through 15).....	.....110,552	.....
17. Net investment income (Line 10 minus Line 16).....	.....2,006,744	.....

DETAILS OF WRITE-INS

0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page.....	0	0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	0	0

(a) Includes \$....18,671 accrual of discount less \$....153,832 amortization of premium and less \$....11,094 paid for accrued interest on purchases.
 (b) Includes \$....3 accrual of discount less \$....34 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	6,854	.....	6,854	.....	.....
1.1 Bonds exempt from U.S. tax.....	(2,149)	.....	(2,149)	.....	.....
1.2 Other bonds (unaffiliated).....	.....	.....	0	.....999	.....
1.3 Bonds of affiliates.....	.....	.....	0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	0	(32,009)	.....
2.11 Preferred stocks of affiliates.....	.....	.....	0	.....	.....
2.2 Common stocks (unaffiliated).....	356,339	.....	356,339	(130,274)	.....
2.21 Common stocks of affiliates.....	.....	.....	0	(854,827)	.....
3. Mortgage loans.....	.....	.....	0	.....	.....
4. Real estate.....	.....	.....	0	.....	.....
5. Contract loans.....	.....	.....	0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	0	.....	.....
7. Derivative instruments.....	.....	.....	0	.....	.....
8. Other invested assets.....	.....	.....	0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	361,044	0	361,044	(1,016,111)	0

DETAILS OF WRITE-INS

0901.			0		
0902.			0		
0903.			0		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

EVERGREEN NATIONAL INDEMNITY COMPANY
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	.0	.0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.0	.0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....	62,365	62,365	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.....			0
18.2 Net deferred tax asset.....	912,104	984,680	.72,576
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....	41,648	70,976	.29,327
21. Furniture and equipment, including health care delivery assets.....	17,186	143,497	.126,311
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other than invested assets.....	86,706	109,534	.22,828
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	1,120,010	1,371,051	.251,042
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	1,120,010	1,371,051	.251,042

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
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	0
2501. Recoverable on Profit Commission and Rate Adjustments.....			0
2502. Automobile.....	.21,286	.35,476	.14,191
2503. Prepaid Insurance.....	.65,421	.74,058	.8,637
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.86,706	.109,534	.22,828

Note 1 - Summary of Significant Accounting Policies**A. Accounting Practices**

The financial statements of Evergreen National Indemnity Company (Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (Department).

The 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 its solvency under Ohio insurance law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. In addition, the Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

Pursuant to Ohio House Bill 425, Section 3905.901, the Company reports bail premium on a net of commission basis. In 2011, gross written premium was \$92,750, commission was \$87,185 and net written premium was \$5,565. In 2010, gross written premium was \$79,100, commission was \$74,354 and net written premium was \$4,746. Net income and statutory surplus are not affected by this treatment. State premium taxes were accrued and paid on a gross written premium basis.

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

The preparation of financial statements in conformity with Statutory Accounting Principles (SAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are earned over the terms of the related policies and reinsurance contracts. Unearned premiums 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 assumed.

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

In addition, the 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. Unaffiliated common stocks are stated at fair market value.
4. Preferred stocks are stated in accordance with the guidance provided in SSAP No. 32.
5. The mortgage loan on real estate is stated at purchase price less principal payments received.
6. Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair market value. The retrospective adjustment method is used to value such securities.
7. The Company does not have investments in subsidiaries, controlled and affiliated entities.
8. The Company does not invest in joint ventures, partnerships and limited liability companies.
9. The Company does not invest in derivatives.
10. The Company does not have any premium deficiencies.
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 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 is continually reviewed and any adjustments are reflected in the period determined.
12. The Company has not modified its capitalization policy from prior period.
13. The Company does not have any pharmaceutical rebate receivables.

Note 2 - Accounting Changes and Corrections of Errors**A. Accounting Changes and Correction of Errors**

Not applicable

Note 3 - Business Combinations and Goodwill**A. Statutory Purchase Method**

Not applicable.

B. Statutory Mergers

Not applicable.

C. Impairment Loss

At December 31, 2010, the Company determined that Continental Heritage Insurance Company's (Continental) value was other than temporarily impaired. As such, the Company wrote down the value of Continental in the amount of \$1,271,354. This was accounted for as a realized loss. The December 31, 2010 fair value was based on statutory equity less the write-down of \$1,271,354. On July 1, 2011, Continental ceased to be a subsidiary of the Company as all shares of Continental were sold to various parties.

Note 4 - Discontinued Operations**A. Not applicable.****Note 5 - Investments****A. Mortgage Loans, including Mezzanine Real Estate Loans**

1. The Company purchased one mortgage loan in 2011. The nominal annual interest rate is 3.25%.
2. The Company did not reduce interest rates on outstanding loans during the current year.
3. The maximum percentage of any one loan to the value of collateral at the time of the loan was 80%.
4. The Company did not hold mortgages with interest 180 days or more past due.
5. There were no taxes, assessments or any amounts advanced and not included in the mortgage loan.
- 6-12. There were no impaired mortgage loans as of December 31, 2011.

B. Debt Restructuring

Not applicable.

C. Reverse Mortgages

Not applicable.

D. Loan-Backed Securities

1. Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from broker dealer survey values or internal estimates.
2. Not applicable.
3. Not applicable.
4. Not applicable.
5. Not applicable.

E. Repurchase Agreements

Not applicable.

F. Real Estate

Not applicable.

G. Low-income housing tax credits

Not applicable.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

A. Detail for those greater than 10% of Admitted Assets

Not applicable.

B. Writedowns for Impairments

Not applicable.

Note 7 - Investment Income

A. Accrued Investment Income

The Company nonadmits investment income due and accrued if amounts are over 90 days past due.

B. Amounts Nonadmitted

At December 31, 2011 and 2010, the Company did not have any investment income amounts due and accrued over 90 days past due.

Note 8 - Derivative Instruments

Not applicable.

Note 9 - Income Taxes

A. Components of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs)

1. Total of all DTAs and DTLs by tax character are as follows:

December 31, 2011					
Description	Gross	Statutory Valuation Adjustment	Adjusted Gross	Non-Admitted	Admitted
Gross deferred tax assets					
Unearned premiums	\$ 289,476	-0-	289,476	-0-	\$ 289,476
Loss and loss expense discounting	56,403	-0-	56,403	39,483	16,920
Unpaid accrual	16,490	-0-	16,490	-0-	16,490
Depreciation	99,647	-0-	99,647	-0-	99,647
Other	771	-0-	771	-0-	771
Unrealized Gain Loss - capital	37,375	-0-	37,375	37,375	-0-
Capital loss carryforward - capital	152,029	-0-	152,029	152,029	-0-
Other Than Temporary Impairment - capital	683,217	-0-	683,217	683,217	-0-
Total gross deferred tax assets	1,335,408	-0-	1,335,408	912,104	423,304
Gross deferred tax liabilities					
Fixed asset basis differential	3,073	-0-	3,073	-0-	3,073
Accrual of market discount	11,270	-0-	11,270	-0-	11,270
Total gross deferred tax liabilities	14,343	-0-	14,343	-0-	14,343
Net deferred tax asset	\$ 1,321,065	-0-	1,321,065	912,104	\$ 408,961

December 31, 2010					
Description	Gross	Statutory Valuation Adjustment	Adjusted Gross	Non-Admitted	Admitted
Gross deferred tax assets					
Unearned premiums	\$ 334,444	-0-	334,444	-0-	\$ 334,444
Loss and loss expense discounting	52,541	-0-	52,541	36,779	15,762
Unpaid accrual	31,519	-0-	31,519	-0-	31,519
Depreciation	78,772	-0-	78,772	-0-	78,772
Other	771	-0-	771	-0-	771
Unrealized Gain Loss - capital	(17,801)	-0-	(17,801)	(17,801)	-0-
Capital loss carryforward - capital	282,486	-0-	282,486	282,486	-0-
Other Than Temporary Impairment - capital	683,217	-0-	683,217	683,217	-0-
Total gross deferred tax assets	1,445,949	-0-	1,445,949	984,681	461,268
Gross deferred tax liabilities					
Fixed asset basis differential	3,073	-0-	3,073	-0-	3,073
Accrual of market discount	11,998	-0-	11,998	-0-	11,998
Total gross deferred tax liabilities	15,071	-0-	15,071	-0-	15,071
Net deferred tax asset	\$ 1,430,878	-0-	1,430,878	984,681	\$ 446,197

Description	2011	2010
Increase (decrease) in nonadmitted deferred tax assets	\$ (72,577)	\$ 352,695

(2) The Company has not elected to admit DTA's pursuant to SSAP No. 10R, Income – Taxes Revised, A Temporary Replacement of SSAP No. 10.

(3) Increase (decrease) in DTAs as a result of SSAP No. 10R election
Not applicable.

(4) The amount of each component due to election of SSAP No. 10R election
Not applicable.

(5) Impact of tax-planning strategies on adjusted gross and net admitted DTAs
Not applicable.

(6) Amount of admitted DTAs, admitted assets, statutory surplus and total adjusted capital in the risk-based capital calculation due to election of SSAP No. 10R
Not applicable.

B. Unrecognized DTLs

Not applicable.

C. Current Tax and Change in Deferred Tax

The current provisions for federal and foreign income taxes incurred on earnings were:

Description	2011	2010
Federal	\$ 1,479,666	\$ 1,397,993
Foreign	-	-
Federal and foreign income taxes incurred	\$ 1,479,666	\$ 1,397,993

The tax effect of temporary differences that give rise to significant portions of the deferred tax assets and deferred tax liabilities are as follows:

	December 31, 2011	December 31, 2010
Deferred tax assets		
Discounting of unpaid losses and LAE	\$ 56,403	\$ 52,541
Unearned premium reserve adjustment	289,476	334,444
Unpaid accrual	16,490	31,519
Depreciation	99,647	78,772
Capital loss carryforward – capital	152,029	282,486
Other than temporary impairment – capital	683,217	683,217
Unrealized (gain) loss – capital	37,375	(17,801)
Other	771	771
Total deferred tax assets	1,335,408	1,445,949
Nonadmitted deferred tax assets	912,104	984,681
Admitted deferred tax assets	423,304	461,268
Deferred tax liabilities	14,343	15,071
Net admitted deferred tax assets	\$ 408,961	\$ 446,197

The change in net deferred income taxes was comprised of the following:

	December 31, 2011	December 31, 2010	Change
Total gross deferred tax assets	\$ 423,304	\$ 461,268	\$ (37,964)
Total gross deferred tax liabilities	14,343	15,071	(728)
Net deferred tax asset	\$ 408,961	\$ 446,197	\$ (37,236)

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The significant items causing a difference between the statutory federal income tax rate and effective income tax rate were as follows:

	2011	Tax Effect at 34%
Income before taxes	\$ 5,894,139	\$ 2,004,007
Dividend received from subsidiary	(935,849)	(318,189)
Net realized loss on securities	(361,044)	(122,755)
Unearned premiums	(132,260)	(44,968)
Tax-exempt interest – net	(184,948)	(62,882)
Meals & entertainment	41,900	14,246
Dividends received deduction – net	(16,980)	(5,773)
Section 846 loss discounting	10,000	3,400
Book depreciation in excess of tax depreciation	30,000	10,200
Other	7,000	2,380
Taxable Income	\$ 4,351,958	\$ 1,479,666
Provision to return adjustment		-0-
Current provision		1,479,666

E. Operating Loss and Tax Carryforwards

- At December 31, 2011, the Company has no remaining net operating loss carry-forward balance.
- The following is income tax expense for 2011 and 2010 that is available for recoupment in the event of future net losses:

Year	Amount
2011	\$ 1,479,666
2010	\$ 1,343,032

- The Company does not have any deposits admitted under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

1. For the 2011 tax year, the Company will file a consolidated return with Continental. Included in the consolidation will be taxable income for Continental from January 1, 2011 to June 30, 2011. Effective July 1, 2011 the consolidated tax agreement was terminated commensurate with the sale of Continental.
2. A written consolidated tax agreement had been approved by the Company's Board of Directors. The agreement sets forth the manner in which the total combined federal income tax is allocated to each entity which is a party to the consolidation. Pursuant to this agreement, the Company has the enforceable right to recoup federal income taxes paid in prior years from Continental in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal income taxes.

Note 10 - Information Concerning Parent, Subsidiaries

A. Nature of Relationships

Approximately 65.06% of the outstanding voting shares are owned by ProAlliance Corporation (ProAlliance).

Total issued stock of the Company is comprised of the following: 30.35% by ProAlliance, a privately owned company incorporated in Ohio; 19.9% by Waste Management Holdings, Inc., a Delaware company; 19.9% Allied Waste North America, a Delaware company; 19.9% by Casella Waste Systems, Inc., a Delaware company; and 9.95% by Waste Connections, Inc., a Delaware company.

Prior to July 1, 2011 the Company was the parent of Continental, a Florida property/casualty insurance company.

B. Detail of Transactions Greater than 1/2% of Admitted Assets

In 2011 and 2010, the Company declared and paid dividends as follows:

- a. Declared March 3, 2011 and paid March 14, 2011 – an ordinary cash dividend of \$1,250,000
- b. Declared August 29, 2011 and paid September 12, 2011 – an ordinary cash dividend of \$1,000,000
- c. Declared February 4, 2010 and paid February 15, 2010 – an ordinary cash dividend of \$1,250,000
- d. Declared August 11, 2010 and paid August 27, 2010 – an ordinary cash dividend of \$1,000,000

C. Change in Terms of Intercompany Agreements

Effective July 1, 2011, the Cost Sharing Agreement with Continental was terminated. This is commensurate with the sale of Continental.

D. Amounts Due from or to Related Parties

None as of December 31, 2011.

E. Guarantees or Contingencies for Related Parties

Not applicable.

F. Management, Service Contracts, Cost Sharing Agreements

Prior to July 1, 2011, the Company was a party to a Cost Sharing Agreement with Continental, whereby the Company provided certain management and administrative services to Continental. These services were allocated to Continental based on actual costs incurred. Expenses allocated to Continental during 2011 and 2010 were approximately \$295,000 and \$564,000 respectively.

G. Nature of Relationships that Could Affect Operations

Approximately 65.06% of outstanding voting shares of the Company are owned by ProAlliance.

H. Amount Deducted for Investment in Upstream Company

Not applicable.

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

Not applicable.

J. Writedown for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies

At December 31, 2010, the Company determined that Continental's value was other than temporarily impaired. As such, the Company wrote down the value of Continental in the amount of \$1,271,354. This was accounted for as a realized loss. The December 31, 2010 fair value was based on statutory equity less the write-down of \$1,271,354.

K. Investment in foreign insurance Subsidiary.

Not applicable.

L. Investment in a downstream non-insurance holding company

Not applicable.

Note 11 - Debt

Not applicable.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plans

Not applicable.

B. Defined Contribution Plans

The Company sponsors a defined contribution savings plan covering substantially all employees of the Company. Contributions were made of 4% of each participating employee's compensation for 2011 and 2010. In addition, the Company made voluntary profit sharing contributions to the plan in both 2011 and 2010. The Company's total contribution to the plan was \$76,394 for 2011 and \$101,964 for 2010. At December 31, 2011, the fair value of plan assets was \$853,083.

C. Multiemployer Plans

Not applicable.

D. Consolidated/Holding Company Plans

Not applicable.

E. Postemployment Benefits and Compensated Absences

Not applicable.

F. Impact of Medicare Modernization Act on Postretirement Benefits

Not Applicable.

Note 13 - Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganization

1. Outstanding Shares

The Company has the following shares authorized, issued and outstanding at December 31, 2011:

A shares, \$500 par; 10,000 authorized; 6,000 issued and outstanding

B shares, \$1 par; 25,000 authorized; 18,000 issued and outstanding

C shares, \$1 par; 100 authorized; 3.5 issued and outstanding

The Company has no preferred stock authorized, issued, or outstanding.

2. Dividend Rate of Preferred Stock

Not applicable.

3., 4. and 5. Dividend Restrictions

The maximum dividend which can be paid by Ohio incorporated insurance companies is subject to restrictions relating to the maintenance of minimum assets and capital. For example, no company shall make any distribution of dividends or assets unless the value of assets remaining is at least equal to the aggregate amount of debts and liabilities, including capital. In addition, no company which is part of a holding company system may make a cumulative twelve month distribution which exceeds the greater of ten percent of policyholders surplus as of the prior year or its net income of the previous calendar year. Accordingly, the maximum cumulative dividend payout to shareholders that may be made without prior approval of the Ohio Department of Insurance in 2012 is \$3,376,927, representing 10% of the surplus as regards policyholders as of December 31, 2011.

In 2011 and 2010, the Company declared and paid dividends as follows:

- a. Declared March 3, 2011 and paid March 14, 2011 – an ordinary cash dividend of \$1,250,000
- b. Declared August 29, 2011 and paid September 12, 2011 – an ordinary cash dividend of \$1,000,000
- c. Declared February 4, 2010 and paid February 15, 2010 – an ordinary cash dividend of \$1,250,000
- d. Declared August 11, 2010 and paid August 27, 2010 – an ordinary cash dividend of \$1,000,000

6. Restrictions placed on the unassigned funds (surplus)
Not applicable.
7. Mutual Surplus Advances
Not applicable.
8. Company Stock Held for Special Purposes
Not applicable.
9. Changes in Special Surplus Funds
Not applicable.
10. Changes in Unassigned Funds
The portion of unassigned funds (surplus) reduced by net cumulative unrealized gains and losses is \$111,770.
11. Surplus Notes
Not applicable.
12. and 13. Quasi-Reorganizations
Not applicable.

Note 14 - Contingencies**A. Contingent Commitments**

Not applicable.

B. Assessments

The Company is subject to guaranty fund and other assessments by the states in which it writes business. Guaranty fund assessments should be accrued at the time of insolvencies. Other assessments should be accrued either at the time of assessments or in the case of premium based assessments, at the time the premiums were written, or, in the case of loss based assessments, at the time the losses are incurred.

The Company is not aware of any such insolvencies and has therefore, not accrued any liability for guaranty fund and other assessments for 2011 and 2010, respectively. This represents management's best estimate based on information received from the states in which the Company writes business and may change due to many factors including the Company's share of the ultimate cost of current insolvencies.

C. Gain Contingencies

Not applicable.

D. Claims related and bad faith losses stemming from lawsuits

Not applicable.

E. All Other Contingencies

Various lawsuits against the Company may arise in the course of the Company's normal business operations. Contingent liabilities that have arisen from litigation are not considered material to the financial position of the Company. The Company has no asset that it considers impaired.

Note 15 - Leases**A. Lessee Leasing Arrangements**

1. The Company leases office facilities under various non-cancelable operating leases that expire November 30, 2016. The Company incurred rent expense of \$119,873 and \$126,074 in 2011 and 2010, respectively.
2. Future minimum rental payments are as follows:

Year	Amount
2012	156,520
2013	162,780
2014	169,283
2015	176,041
2016	167,068
Total	\$ 831,692

3. The Company has not entered into any sales - leaseback arrangements.

B. Lessor Leasing Arrangements

Not applicable.

Note 16 - Information about Financial Instruments with Off-Balance Sheet Risk and with Concentrations of Credit Risks

The company has no financial instruments with off-balance sheet risk.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**A. Transfers of Receivables Reported as Sales**

Not applicable.

B. Transfer and Servicing of Financial Assets

Not applicable.

C. Wash Sales

The Company did not have any wash sales during the current year.

Note 18 - Gain or Loss from Uninsured Accident and Health Plans and the Uninsured Portion of Partially Insured Plans**A. Administrative Services Only (ASO) Plans**

Not applicable.

B. Administrative Services Contract (ASC) Plans

Not applicable.

C. Medicare or Other Similarly Cost Based Reimbursement Contracts

Not applicable.

Note 19 - Direct Premiums Written / Produced by Managing General Agents / Third Party Administrators**A. Not applicable.**

Note 20 – Fair Value Measurements**A. Assets Measured at Fair Value****(1) Fair Value Measurements at Reporting Date:**

December 31, 2011				
Description	Level 1	Level 2	Level 3	Total
Bonds – Industrial & Misc.	\$ -0-	106,852	-0-	\$ 106,852
Preferred Stocks	-0-	992,660	-0-	992,660
Common Stocks – Non affiliates	397,327	7,254	189,494	594,075
Total assets at fair value	\$ 397,327	1,106,766	189,494	\$ 1,693,587

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy:

December 31, 2011						
Description	Balance at 1/1/2011	Realized gains or (losses) including OTTI	Unrealized (losses) included in surplus	Transfers in (out) of Level 3	Purchases, issuances, (sales) and settlements	Balance at 12/31/2011
Common Stocks - non affiliates	\$ 189,494	-0-	-0-	-0-	-0-	\$ 189,494
Common Stocks - affiliates	5,083,473	-0-	(854,827)	-0-	(4,228,646)	-0-
Total	\$ 5,272,967	-0-	(854,827)	-0-	(4,228,646)	\$ 189,494

(3) Transfers in (out) of Level 3

Not applicable

(4) Level 2 and Level 3 Valuation Techniques

Level 2 fair value assets are obtained from third party valuation providers such as Merrill Lynch indices, Interactive Data Corporation, Reuters, Bloomberg, S&P or Factset.

Level 3 fair value is derived as follows:

Common Stock non-affiliates: Valuation is based on actual cost with quarterly internal analysis based on the following: Current year and history of earnings and EPS of common stock, Book value of common stock, Industry Price Earnings ratio, Industry Price to Book ratio, and general market factors.

(5) Derivative Assets and Liabilities

Not applicable

- B. Not applicable
- C. Not applicable
- D. Not applicable

Note 21 - Other Items**A. Extraordinary Items and Material Events**

The following material event occurred:

Effective July 1, 2011, the Company sold Continental to various interested parties.

B. Troubled Debt Restructuring for Debtors

Not applicable.

C. Other Disclosures

Assets in the amount of \$5,107,862 and \$5,150,063 at December 31, 2011 and 2010, respectively, were on deposit with government authorities or trustees as required by law.

D. Uncollectible Premiums Receivable

At December 31, 2011 and 2010, the Company had admitted assets of \$1,863,537 and \$2,047,712 respectively in premiums receivable due from policyholders, agents and ceding insurers. The Company routinely assesses the collectibility of these receivables. Based upon Company experience, none of the receivables are deemed uncollectible as of December 31, 2011.

E. Business Interruption Insurance Recoveries

Not applicable.

F. State Transferable Tax Credits

Not applicable.

G. Sub-prime Mortgage Related Risk Exposure

1. The Company does not engage in direct sub-prime residential mortgage lending. The Company's exposure to sub-prime is limited to investments within the fixed income investment portfolio which contains securities collateralized by mortgages that have characteristics of sub-prime lending. Such characteristics include an interest rate above prime to borrowers who do not qualify for prime rate loans, borrowers with low credit ratings (FICO scores), unconventionally high initial loan-to-value ratios, and borrowers with less than conventional documentation of their income and/or net assets.

The Company minimizes risk exposure by holding securities which carry higher credit ratings and by monitoring the underlying collateral performance on an ongoing basis.

2. Direct exposure through investments in sub-prime mortgage loans.

Not applicable.

3. Direct exposure through other investments:

Type of Investment	Actual Cost	Book adjusted carrying value	Fair value	Any O-T-T impairment losses
Residential MBS	334,440	331,847	320,334	-
Total	334,440	331,847	320,334	-

4. Underwriting exposure to sub-prime mortgage risk via Mortgage Guarantee insurance

Not applicable.

Note 22 - Events Subsequent

Not applicable.

Note 23- Reinsurance**A. Unsecured Reinsurance Recoverables**

The Company has the following unsecured reinsurance recoverables in excess of 3% of surplus (000's omitted):

NAIC Code	Federal ID #	Name of Reinsurer	Amount
22039	13-2673100	General Reinsurance Corp.	\$ 13,048
20370	51-0434766	Axis Reinsurance Co.	\$ 5,249
21121	13-5481330	Westchester Fire Ins. Co. (Ace)	\$ 5,033
26565	31-0620146	Ohio Indemnity Insurance Co.	\$ 3,600
25364	13-1675535	Swiss Reins America Corp.	\$ 1,435

B. Reinsurance Recoverables in Dispute

Not Applicable.

C. Reinsurance Assumed and Ceded

1. The following table summarizes ceded and assumed unearned premiums and the related commission equity at December 31, 2011.

	Assumed		Ceded		Assumed Less Ceded	
	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity
a. Affiliates	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. All other	\$ 1,276,189	\$ 616,743	\$ 10,498,844	\$ 5,207,825	\$ (9,222,655)	\$ (4,591,082)
c. Totals	\$ 1,276,189	\$ 616,743	\$ 10,498,844	\$ 5,207,825	\$ (9,222,655)	\$ (4,591,082)
d. Direct unearned premium reserve	\$ 13,479,646					

2. The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this annual statement as a result of existing contractual arrangements is accrued as follows:

Not applicable

3. Risks Attributable to protected cells

Not applicable

D. Uncollectible Reinsurance

Not applicable.

E. Commutation of Ceded Reinsurance

Not applicable.

F. Retroactive Reinsurance

Not applicable.

G. Reinsurance Accounted for as a Deposit

Not applicable.

H. Disclosures for the Transfer of Property and Casualty Run-off Agreements

Not applicable.

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable.

Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

A. Reserves for incurred losses and loss adjustment expenses attributable to insured events of prior years decreased by \$2,115,000 from \$4,057,000 in 2010 to \$1,942,000 in 2011 as a result of re-estimation of unpaid losses and loss adjustment expenses principally on the surety line of insurance. This 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.

Note 26 - Intercompany Pooling Arrangements

Not Applicable.

Note 27 - Structured Settlements

A. Reserves Released due to Purchase of Annuities

Not applicable.

B. Annuity Insurers with Balances due Greater than 1% of Policyholders' Surplus

Not applicable.

Note 28 - Health Care Receivables

Not applicable.

Note 29 - Participating Policies

Not applicable.

Note 30 - Premium Deficiency Reserve

As of December 31, 2011, the Company performed an evaluation and determined there was no liability for premium deficiency reserves. The Company utilizes anticipated investment income as a factor in the premium deficiency calculation.

Note 31 - High Deductibles

Not applicable.

Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expense

Not applicable.

Note 33 - Asbestos and Environmental Reserves

Not applicable.

Note 34 - Subscriber Savings Accounts

Not applicable.

Note 35 - Multiple Peril Crop Insurance

Not applicable.

Note 36 - Financial Guaranty Insurance

Not applicable.

EVERGREEN NATIONAL INDEMNITY COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

<p>1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? <input type="checkbox"/> Yes [X] <input type="checkbox"/> No []</p> <p>1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? <input type="checkbox"/> Yes [X] <input type="checkbox"/> No [] <input type="checkbox"/> N/A []</p> <p>1.3 State regulating? <u>OHIO</u></p> <p>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? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X]</p> <p>2.2 If yes, date of change: 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. <u>12/31/2009</u> 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. <u>12/31/2009</u> 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). <u>02/11/2011</u> 3.4 By what department or departments? <u>OHIO DEPARTMENT OF INSURANCE</u></p> <p>3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [] <input type="checkbox"/> N/A [X] 3.6 Have all of the recommendations within the latest financial examination report been complied with? <input type="checkbox"/> Yes [X] <input type="checkbox"/> No [] <input type="checkbox"/> N/A []</p> <p>4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? <input type="checkbox"/> Yes [X] <input type="checkbox"/> No [] 4.12 renewals? <input type="checkbox"/> Yes [X] <input type="checkbox"/> No []</p> <p>4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.21 sales of new business? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X] 4.22 renewals? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X]</p> <p>5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">1 Name of Entity</th> <th style="width: 33%;">2 NAIC Co. Code</th> <th style="width: 33%;">3 State of Domicile</th> </tr> </table> <p>6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X] 6.2 If yes, give full information:</p> <p>7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X] 7.2 If yes, 7.21 State the percentage of foreign control% 7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">1 Nationality</th> <th style="width: 50%;">2 Type of Entity</th> </tr> </table> <p>8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X] 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.</p> <p>8.3 Is the company affiliated with one or more banks, thrifts or securities firms? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X] 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 14.28%;">1 Affiliate Name</th> <th style="width: 14.28%;">2 Location (City, State)</th> <th style="width: 14.28%;">3 FRB</th> <th style="width: 14.28%;">4 OCC</th> <th style="width: 14.28%;">5 OTS</th> <th style="width: 14.28%;">6 FDIC</th> <th style="width: 14.28%;">7 SEC</th> </tr> </table> <p>9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? <u>BDO SEIDMAN, LLP, 99 MONROE AVE., N.W., SUITE 800, GRAND RAPIDS, MI 49503-2654</u></p> <p>10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X] 10.2 If the response to 10.1 is yes, provide information related to this exemption:</p> <p>10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? <input type="checkbox"/> Yes [] <input type="checkbox"/> No [X] 10.4 If the response to 10.3 is yes, provide information related to this exemption:</p> <p>10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? <input type="checkbox"/> Yes [X] <input type="checkbox"/> No [] <input type="checkbox"/> N/A [] 10.6 If the answer to 10.5 is no or n/a, please explain.</p> <p>11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? <u>TAPIO N. BOLES, FCAS, MAAA, TOWERS WATSON, 345 CALIFORNIA STREET, SUITE 1500, SAN FRANCISCO, CA 94104-2612 ACTUARY/CONSULTANT</u></p>	1 Name of Entity	2 NAIC Co. Code	3 State of Domicile	1 Nationality	2 Type of Entity	1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC	
1 Name of Entity	2 NAIC Co. Code	3 State of Domicile											
1 Nationality	2 Type of Entity												
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC							

EVERGREEN NATIONAL INDEMNITY COMPANY

GENERAL INTERROGATORIES

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

12.11 Name of real estate holding company

12.12 Number of parcels involved
12.13 Total book/adjusted carrying value

12.2 If yes, provide explanation.

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

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

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

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

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 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.

14.11 If the response to 14.1 is no, please explain:

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

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

14.3 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance with a NAIC rating of 3 or below? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles) Yes [] No [X]
20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
20.11 To directors or other officers
20.12 To stockholders not officers
20.13 Trustees, supreme or grand (Fraternal only)
20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
20.21 To directors or other officers
20.22 To stockholders not officers
20.23 Trustees, supreme or grand (Fraternal only)
21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
21.2 If yes, state the amount thereof at December 31 of the current year:
21.21 Rented from others
21.22 Borrowed from others
21.23 Leased from others
21.24 Other
22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
22.2 If answer is yes:
22.21 Amount paid as losses or risk adjustment
22.22 Amount paid as expenses
22.23 Other amounts paid
23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount.

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.3)? Yes [X] No []
24.2 If no, give full and complete information relating thereto.

24.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether

EVERGREEN NATIONAL INDEMNITY COMPANY**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]
 24.5 If answer to 24.4 is yes, report amount of collateral for conforming programs.
 24.6 If answer to 24.4 is no, report amount of collateral for other programs.
 24.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
 24.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
 24.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]
 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.3) Yes [X] No []
 25.2 If yes, state the amount thereof at December 31 of the current year:
 25.21 Subject to repurchase agreements \$.....0
 25.22 Subject to reverse repurchase agreements \$.....0
 25.23 Subject to dollar repurchase agreements \$.....0
 25.24 Subject to reverse dollar repurchase agreements \$.....0
 25.25 Pledged as collateral \$.....539,275
 25.26 Placed under option agreements \$.....0
 25.27 Letter stock or securities restricted as to sale \$.....0
 25.28 On deposit with state or other regulatory body \$.....5,107,862
 25.29 Other \$.....0

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
 If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
 27.2 If yes, state the amount thereof at December 31 of the current year:
 28. 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 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
 28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
THE HUNTINGTON NATIONAL BANK	7 EASTON OVAL, COLUMBUS, OH 43219

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]
 28.04 If yes, give full and complete information relating thereto:

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

28.05 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 Number(s)	2 Name	3 Address
SEC FILE # 801-22445	GENERAL RE/NEW ENGLAND ASSET MANAGEMENT	76 BATTERSON AVE. FARMINGTON, CT 0603
SEC FILE #801-9839	MEEDER ASSET MANAGEMENT, INC	6125 MEMORIAL DRIVE DUBLIN, OH 43017

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]
 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adj.Carrying Value
29.2999. TOTAL		0

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	32,138,249	33,548,356	.....1,410,107
30.2 Preferred stocks.....	1,545,688	1,544,525	.....(1,163)
30.3 Totals.....	33,683,937	35,092,881	.....1,408,944

30.4 Describe the sources or methods utilized in determining the fair values:

THE MARKET VALUE OF BONDS AND PREFERRED STOCKS WERE OBTAINED FROM THIRD PARTY VALUATION PROVIDERS SUCH AS
 MERRILL LYNCH INDICES, INTERACTIVE DATA CORPORATION, REUTERS, BLOOMBERG, S&P OR FACTSET.

SHORT TERM AND CASH EQUIVALENTS ARE VALUED AT AMORTIZED COST.

EVERGREEN NATIONAL INDEMNITY COMPANY**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.
THE COMPANY RELIES ON THE PRICING PROCEDURES OF GEN/RE NEAM, THE COMPANY'S INVESTMENT ADVISORS. THESE PROCEDURES INCLUDE A COMMITTEE APPROVAL PROCESS FOR INDEPENDENT PRICING SERVICE VENDORS AS WELL AS ALTERNATE PRICING SOURCES

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....64,891

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

1 Name	2 Amount Paid
SURETY & FIDELITY ASSOCIATION OF AMERICA	33,313
A.M. BEST COMPANY	26,400

34.1 Amount of payments for legal expenses, if any? \$.....83,369

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

1 Name	2 Amount Paid
BAKER HOSTETLER	40,584
PENNINGTON, MOORE, WILKINSON, BELL & DUNBAR	26,709

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....8,116

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

1 Name	2 Amount Paid
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA	8,116

EVERGREEN NATIONAL INDEMNITY COMPANY
GENERAL INTERROGATORIES
PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
 1.2 If yes, indicate premium earned on U.S. business only.
 1.3 What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?
 1.31 Reason for excluding: _____

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.
 1.5 Indicate total incurred claims on all Medicare Supplement insurance.
 1.6 Individual policies:
 Most current three years:
 1.61 Total premium earned
 1.62 Total incurred claims
 1.63 Number of covered lives
 All years prior to most current three years:
 1.64 Total premium earned
 1.65 Total incurred claims
 1.66 Number of covered lives
 1.7 Group policies:
 Most current three years:
 1.71 Total premium earned
 1.72 Total incurred claims
 1.73 Number of covered lives
 All years prior to most current three years:
 1.74 Total premium earned
 1.75 Total incurred claims
 1.76 Number of covered lives

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator.....	\$.....0	\$.....0
2.2 Premium Denominator.....	\$.....11,470,632	\$.....11,407,625
2.3 Premium Ratio (2.1/2.2).....	.00	.00
2.4 Reserve Numerator.....	\$.....0	\$.....0
2.5 Reserve Denominator.....	\$.....8,262,168	\$.....8,975,115
2.6 Reserve Ratio (2.4/2.5).....	.00	.00

3.1 Does the reporting entity issue both participating and non-participating policies? Yes [] No [X]
 3.2 If yes, state the amount of calendar year premiums written on:
 3.21 Participating policies
 3.22 Non-participating policies
 4. FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:
 4.1 Does the reporting entity issue assessable policies? Yes [] No []
 4.2 Does the reporting entity issue non-assessable policies? Yes [] No []
 4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders?%
 4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.

5. FOR RECIPROCAL EXCHANGES ONLY:
 5.1 Does the exchange appoint local agents? Yes [] No []
 5.2 If yes, is the commission paid:
 5.21 Out of Attorney's-in-fact compensation Yes [] No [] N/A []
 5.22 As a direct expense of the exchange Yes [] No [] N/A []
 5.3 What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact? _____

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? Yes [] No []
 5.5 If yes, give full information: _____

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

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

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

6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? Yes [X] No []
 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss: _____

EVERGREEN NATIONAL INDEMNITY COMPANY
GENERAL INTERROGATORIES
PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

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

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

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

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

8.2 If yes, give full information:

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

- (a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;
- (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
- (c) Aggregate stop loss reinsurance coverage;
- (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
- (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
- (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity? Yes [] No [X]

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

- (a) The written premium ceded to the reinsurer by the reporting entity or its affiliate represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
- (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract? Yes [] No [X]

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

- (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
- (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
- (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4 Except for transactions meeting the requirements of paragraph 32 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:

- (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
- (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? Yes [] No [X]

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

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

- (a) The entity does not utilize reinsurance; or Yes [] No [X]
- (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or Yes [] No [X]
- (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. Yes [] No [X]

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

11.1 Has this reporting entity guaranteed policies issued by any other reporting entity and now in force? Yes [] No [X]

11.2 If yes, give full information:

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for:

- 12.1.1 Unpaid losses \$.....0
- 12.1.1 Unpaid underwriting expenses (including loss adjustment expenses) \$.....0
- 12.1.1 Unpaid losses \$.....0

12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds: \$.....0

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

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

- 12.4.1 From%
- 12.4.1 To%

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

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

- 12.6.1 Letters of credit
- 12.6.1 Collateral and other funds

EVERGREEN NATIONAL INDEMNITY COMPANY
GENERAL INTERROGATORIES
PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$.....3,220,000

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

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount:0

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

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

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

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

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

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

15.2 If yes, give full information:

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

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

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home.....
16.12 Products.....
16.13 Automobile.....
16.14 Other*.....	24,935	87,085	51,045

* Disclose type of coverage: RECREATIONAL VEHICLES

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

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F-Part 5.

Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5
 17.12 Unfunded portion of Interrogatory 17.11
 17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11
 17.14 Case reserves portion of Interrogatory 17.11
 17.15 Incurred but not reported portion of Interrogatory 17.11
 17.16 Unearned premium portion of Interrogatory 17.11
 17.17 Contingent commission portion of Interrogatory 17.11
 Provide the following information for all other amounts included in Schedule F-Part 3 and excluded from Schedule F-Part 5, not included above:
 17.18 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5
 17.19 Unfunded portion of Interrogatory 17.18
 17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18
 17.21 Case reserves portion of Interrogatory 17.18
 17.22 Incurred but not reported portion of Interrogatory 17.18
 17.23 Unearned premium portion of Interrogatory 17.18
 17.24 Contingent commission portion of Interrogatory 17.18

18.1 Do you act as a custodian for health savings account? Yes [] No [X]
 18.2 If yes, please provide the amount of custodial funds held as of the reporting date.
 18.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
 18.4 If yes, please provide the balance of the funds administered as of the reporting date.

EVERGREEN NATIONAL INDEMNITY COMPANY
FIVE-YEAR HISTORICAL DATA

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

	1 2011	2 2010	3 2009	4 2008	5 2007
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	100,000	105,245	93,303	638,413	823,840
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....			(3,182)	34,658	80,424
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					4,380
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	35,641,317	38,185,086	35,802,140	39,660,202	36,906,359
5. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
6. Total (Line 35).....	35,741,317	38,290,331	35,892,261	40,333,273	37,815,003
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	100,000	100,000	100,998	210,000	70,177
8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	10,709,336	11,813,775	10,291,360	10,982,939	11,178,509
11. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
12. Total (Line 35).....	10,809,336	11,913,775	10,392,358	11,192,939	11,248,686
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8).....	3,526,184	2,893,709	2,643,062	2,327,854	1,137,851
14. Net investment gain (loss) (Line 11).....	2,367,788	(185,072)	531,366	887,605	2,609,428
15. Total other income (Line 15).....	167	(21)	195,256	21,686	501,692
16. Dividends to policyholders (Line 17).....					
17. Federal and foreign income taxes incurred (Line 19).....	1,479,666	1,397,993	1,360,133	1,295,568	1,048,086
18. Net income (Line 20).....	4,414,473	4,130,623	4,009,551	3,941,577	3,200,885
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....	50,759,040	47,510,017	48,882,745	50,052,086	47,278,396
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1).....	1,863,537	2,047,712	2,134,978	2,507,054	2,647,596
20.2 Deferred and not yet due (Line 15.2).....					
20.3 Accrued retrospective premiums (Line 15.3).....					
21. Total liabilities excluding protected cell business (Page 3, Line 26).....	16,989,770	15,030,339	15,988,852	18,239,273	15,960,777
22. Losses (Page 3, Line 1).....	2,521,295	2,480,908	2,336,642	2,727,485	2,520,424
23. Loss adjustment expenses (Page 3, Line 3).....	1,483,882	1,575,920	1,422,857	1,362,066	1,157,447
24. Unearned premiums (Page 3, Line 9).....	4,256,991	4,918,287	4,412,137	4,613,285	4,243,767
25. Capital paid up (Page 3, Lines 30 & 31).....	3,018,004	3,018,004	3,018,004	3,018,004	3,018,004
26. Surplus as regards policyholders (Page 3, Line 37).....	33,769,270	32,479,678	32,893,893	31,812,813	31,317,619
Cash Flow (Page 5)					
27. Net cash from operations (Line 11).....	6,481,839	2,196,874	1,825,820	5,786,728	4,270,364
Risk-Based Capital Analysis					
28. Total adjusted capital.....	33,769,270	32,479,678	32,893,893	31,812,813	31,317,619
29. Authorized control level risk-based capital.....	2,032,423	2,702,946	2,861,194	2,778,224	3,291,723
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1).....	54.5	62.8	61.8	60.3	49.8
31. Stocks (Lines 2.1 & 2.2).....	4.5	16.5	18.7	17.2	21.5
32. Mortgage loans on real estate (Lines 3.1 & 3.2).....	1.1				
33. Real estate (Lines 4.1, 4.2 & 4.3).....					
34. Cash, cash equivalents and short-term investments (Line 5).....	40.0	20.7	19.4	22.5	28.7
35. Contract loans (Line 6).....					
36. Derivatives (Line 7).....			XXX	XXX	XXX
37. Other invested assets (Line 8).....					
38. Receivable for securities (Line 9).....					
39. Securities lending reinvested collateral assets (Line 10).....			XXX	XXX	XXX
40. Aggregate write-ins for invested assets (Line 11).....					
41. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1).....					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1).....					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1).....		5,083,473	6,179,816	6,260,038	6,459,925
45. Affiliated short-term investments (Schedule DA, Verification, Col. 5, Line 10).....					
46. Affiliated mortgage loans on real estate.....					
47. All other affiliated.....					
48. Total of above lines 42 to 47.....	0	5,083,473	6,179,816	6,260,038	6,459,925
49. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0).....	0.0	15.7	18.8	19.7	20.6

EVERGREEN NATIONAL INDEMNITY COMPANY**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2011	2 2010	3 2009	4 2008	5 2007
Capital and Surplus Accounts (Page 4)					
50. Net unrealized capital gains (losses) (Line 24).....	.....(1,016,111)	.....392,447	.....888,558	.....(400,641)	.....(1,523,591)
51. Dividends to stockholders (Line 35).....	.....(2,250,000)	.....(2,250,000)	.....(2,000,000)	.....(1,250,000)	.....(1,000,000)
52. Change in surplus as regards policyholders for the year (Line 38).....	.....1,289,592	.....(414,215)	.....1,081,080	.....495,194	.....120,203
Gross Losses Paid (Page 9, Part 2, Cols. 1&2)					
53. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	.....922,889	.....1,315,141	.....1,530,161	.....1,888,801	.....1,973,407
54. Property lines (Lines 1, 2, 9, 12, 21 & 26).....		.....(981)	.....10,567	.....60,098	.....27,346
55. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
56. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	.....(162)	.....(53,769)	.....695,417	.....147,450	.....(37,776)
57. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
58. Total (Line 35).....	.....922,727	.....1,260,391	.....2,236,145	.....2,096,349	.....1,962,977
Net Losses Paid (Page 9, Part 2, Col. 4)					
59. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....				.....(0)	
60. Property lines (Lines 1, 2, 9, 12, 21 & 26).....				.....0	
61. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
62. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	.....(875)	.....(152,836)	.....523,909	.....3,681	.....41,575
63. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
64. Total (Line 35).....	.....(875)	.....(152,836)	.....523,909	.....3,681	.....41,575
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
65. Premiums earned (Line 1).....	.....100.0	.....100.0	.....100.0	.....100.0	.....100.0
66. Losses incurred (Line 2).....	.....0.3	.....(0.1)	.....1.3	.....1.9	.....5.4
67. Loss expenses incurred (Line 3).....	.....(0.7)	.....1.4	.....0.6	.....3.7	.....3.6
68. Other underwriting expenses incurred (Line 4).....	.....69.9	.....73.3	.....73.2	.....72.9	.....80.5
69. Net underwriting gain (loss) (Line 8).....	.....30.5	.....25.4	.....25.0	.....21.5	.....10.4
Other Percentages					
70. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0).....	.....74.2	.....70.2	.....72.7	.....70.3	.....73.8
71. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	.....(0.4)	.....1.3	.....1.9	.....5.6	.....9.1
72. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0).....	.....32.0	.....36.7	.....31.6	.....35.2	.....35.9
One Year Loss Development (000 omitted)					
73. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....	.....(1,908)	.....(1,700)	.....(1,186)	.....(1,222)	.....(868)
74. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 73 above divided by Page 4, Line 21, Col. 1 x 100).....	.....(5.9)	.....(5.2)	.....(3.7)	.....(3.9)	.....(2.8)
Two Year Loss Development (000 omitted)					
75. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....	.....(2,146)	.....(1,919)	.....(1,085)	.....(748)	.....(1,245)
76. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 75 above divided by Page 4, Line 21, Col. 2 x 100.0).....	.....(6.5)	.....(6.0)	.....(3.5)	.....(2.4)	.....(4.0)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments									12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments			Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded					
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....758	.....758	.....30	.....	.....43	.....33	.....44	.....40	.....40	.....XXX.....
2. 2002.....	.....30,056	.....16,446	.....13,610	.....3,890	.....2,772	.....367	.....387	.....530	.....357	.....1,450	.....1,271	.....XXX.....	.....XXX.....
3. 2003.....	.....30,580	.....17,152	.....13,428	.....2,327	.....1,940	.....625	.....423	.....418	.....345	.....627	.....662	.....XXX.....	.....XXX.....
4. 2004.....	.....29,387	.....21,534	.....7,853	.....353	.....295	.....137	.....36	.....81	.....52	.....136	.....188	.....XXX.....	.....XXX.....
5. 2005.....	.....32,442	.....24,463	.....7,979	.....159	.....160	.....58	.....6	.....51	.....32	.....60	.....70	.....XXX.....	.....XXX.....
6. 2006.....	.....33,475	.....24,660	.....8,815	.....920	.....844	.....431	.....261	.....208	.....152	.....254	.....302	.....XXX.....	.....XXX.....
7. 2007.....	.....36,715	.....25,786	.....10,929	.....474	.....429	.....137	.....70	.....80	.....58	.....96	.....134	.....XXX.....	.....XXX.....
8. 2008.....	.....38,469	.....27,646	.....10,823	.....453	.....451	.....19	.....24	.....32	.....33	.....9	.....(4)	.....XXX.....	.....XXX.....
9. 2009.....	.....37,555	.....26,962	.....10,593	.....212	.....115	.....52	.....15	.....20	.....8	.....144	.....146	.....XXX.....	.....XXX.....
10. 2010.....	.....37,197	.....25,789	.....11,408	.....	.....	.....7	.....3	.....2	.....1	.....2	.....5	.....XXX.....	.....XXX.....
11. 2011.....	.....37,435	.....25,964	.....11,471	.....	.....	.....	.....	.....	.....	.....	.....0	.....XXX.....	.....XXX.....
12. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....9,546	.....7,764	.....1,863	.....1,225	.....1,465	.....1,071	.....2,822	.....2,814	.....XXX.....	.....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior....	.....8,581	.....8,507	.....3,589	.....3,589	.....2	.....	.....	.....	.....1	.....	.....	.....77	.....XXX.....
2. 2002.....	.....491	.....491	.....312	.....312	.....	.....	.....	.....	.....	.....	.....	.....0	.....XXX.....
3. 2003.....	.....	.....	.....11	.....6	.....1	.....	.....5	.....	.....4	.....	.....	.....15	.....XXX.....
4. 2004.....	.....	.....	.....17	.....7	.....	.....	.....11	.....	.....5	.....	.....	.....26	.....XXX.....
5. 2005.....	.....	.....	.....80	.....68	.....	.....	.....48	.....36	.....18	.....12	.....	.....30	.....XXX.....
6. 2006.....	.....	.....	.....77	.....64	.....1	.....	.....54	.....39	.....21	.....13	.....	.....37	.....XXX.....
7. 2007.....	.....	.....	.....297	.....230	.....6	.....5	.....288	.....215	.....112	.....74	.....	.....179	.....XXX.....
8. 2008.....	.....25	.....25	.....713	.....560	.....	.....	.....657	.....491	.....250	.....164	.....	.....405	.....XXX.....
9. 2009.....	.....	.....	.....802	.....618	.....	.....	.....792	.....594	.....308	.....205	.....	.....485	.....XXX.....
10. 2010.....	.....	.....	.....1,052	.....791	.....1	.....1	.....1,127	.....846	.....428	.....282	.....	.....688	.....XXX.....
11. 2011.....	.....	.....	.....5,840	.....4,098	.....	.....	.....842	.....631	.....320	.....210	.....	.....2,063	.....XXX.....
12. Totals....	.....9,097	.....9,023	.....12,790	.....10,343	.....11	.....6	.....3,824	.....2,852	.....1,467	.....960	.....0	.....4,005	.....XXX.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Reserves after Discount	Loss Expenses Unpaid	
1. Prior.	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....74	.....3
2. 2002.....	.....5,590	.....4,319	.....1,271	.....18.6	.....26.3	.....9.3	.....	.....	.....	.....0	.....0
3. 2003.....	.....3,391	.....2,714	.....677	.....11.1	.....15.8	.....5.0	.....	.....	.....	.....5	.....10
4. 2004.....	.....604	.....390	.....214	.....2.1	.....1.8	.....2.7	.....	.....	.....	.....10	.....16
5. 2005.....	.....414	.....314	.....100	.....1.3	.....1.3	.....1.3	.....	.....	.....	.....12	.....18
6. 2006.....	.....1,712	.....1,373	.....339	.....5.1	.....5.6	.....3.8	.....	.....	.....	.....13	.....24
7. 2007.....	.....1,394	.....1,081	.....313	.....3.8	.....4.2	.....2.9	.....	.....	.....	.....67	.....112
8. 2008.....	.....2,149	.....1,748	.....401	.....5.6	.....6.3	.....3.7	.....	.....	.....	.....153	.....252
9. 2009.....	.....2,186	.....1,555	.....631	.....5.8	.....5.8	.....6.0	.....	.....	.....	.....184	.....301
10. 2010.....	.....2,617	.....1,924	.....693	.....7.0	.....7.5	.....6.1	.....	.....	.....	.....261	.....427
11. 2011.....	.....7,002	.....4,939	.....2,063	.....18.7	.....19.0	.....18.0	.....	.....	.....	.....1,742	.....321
12. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....2,521	.....1,484

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of

Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior.....	2,610	1,388	1,321	.959	368	.945	1,170	1,239	1,113	1,176	.63	(63)
2. 2002.....	1,123	1,317	1,479	1,076	1,174	1,181	1,140	1,113	1,115	1,098	(17)	(15)
3. 2003.....	XXX.....	379	624	544	498	582	572	602	601	600	(1)	(2)
4. 2004.....	XXX.....	XXX.....	1,240	332	309	170	169	191	174	180	.6	(11)
5. 2005.....	XXX.....	XXX.....	XXX.....	1,466	461	.254	227	142	.75	.75	.0	(67)
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....	1,593	.403	377	.498	312	.275	(37)	(223)
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	1,945	603	.610	409	.253	(156)	(357)	
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,922	.599	462	.316	(146)	(283)	
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,641	.674	.516	(158)	(1,125)	
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,008	.546	(1,462)	XXX.....	
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,953	XXX.....	XXX.....	
									12. Totals.....	(1,908)	(2,146)	

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011		
1. Prior.....	.000.....	273	335	.570	.56	.312	.589	1,187	1,070	1,100	XXX.....	XXX.....
2. 2002.....	101	637	755	1,091	1,046	1,107	1,088	1,098	1,098	1,098	XXX.....	XXX.....
3. 2003.....	XXX.....	.19	274	.498	.475	.560	.560	.587	.588	.589	XXX.....	XXX.....
4. 2004.....	XXX.....	XXX.....	.61	.95	.141	.158	.157	.159	.159	.159	XXX.....	XXX.....
5. 2005.....	XXX.....	XXX.....	XXX.....	3	.12	.22	.49	.50	.51	.51	XXX.....	XXX.....
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....	.3	.38	.101	.173	.241	.246	XXX.....	XXX.....
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.1	.16	.88	.97	.112	XXX.....	XXX.....
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.2	.17	(7)	(3)	XXX.....	XXX.....
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	126	134	XXX.....	XXX.....	
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.1	4	XXX.....	XXX.....	
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior.....	1,579	.526	.465	.146	.86	.37	.19	.15	.8	
2. 2002.....	.819	.715	.363	.69	.92	.71	.49	.15	.17	
3. 2003.....	XXX.....	343	.250	.122	.39	.12	.7	.15	.12	.10
4. 2004.....	XXX.....	XXX.....	1,170	.212	.152	.7	.10	.32	.15	.21
5. 2005.....	XXX.....	XXX.....	XXX.....	1,457	.410	.212	.177	.92	.24	.24
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....	1,593	.363	.272	.316	.70	.28
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,925	.580	.517	.310	.140
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,920	.541	.468	.319
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.1,635	.545	.382
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,007	.542
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,953

EVERGREEN NATIONAL INDEMNITY COMPANY
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Active Status	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....	AL	15,591	56,261			(17,829)	24,669		
2. Alaska.....	AK	200	200			86	232		
3. Arizona.....	AZ	85,494	102,507			(17,919)	31,184		
4. Arkansas.....	AR	255,049	320,222			(25,817)	50,039		
5. California.....	CA	1,621,726	1,812,659			(50,266)	338,309		
6. Colorado.....	CO	246,979	250,979			59,232	128,390		
7. Connecticut.....	CT	313,411	322,707		118,733	380,714	1,042,068		
8. Delaware.....	DE	4,916	4,916			5,180	5,557		
9. District of Columbia.....	DC	30,496	31,339			17,045	22,184		
10. Florida.....	FL	1,268,535	1,443,444			(25,558)	211,975		
11. Georgia.....	GA	412,207	391,866			7,351	91,870		
12. Hawaii.....	HI	N							
13. Idaho.....	ID	L	8,430			(261)	5,824		
14. Illinois.....	IL	L	580,860		32,573	287,957	818,739		
15. Indiana.....	IN	L	1,369,046			81,566	319,359		
16. Iowa.....	IA	L	201,284			28,584	71,149		
17. Kansas.....	KS	L	163,263			40,640	68,030		
18. Kentucky.....	KY	L	1,246,237		384,374	1,719,511	9,865,526		
19. Louisiana.....	LA	L	846,036			(10,397)	166,123		
20. Maine.....	ME	L	693,320			24,280	207,349		
21. Maryland.....	MD	L	183,425			(19,510)	86,019		
22. Massachusetts.....	MA	L	1,155,386			67,681	299,252		
23. Michigan.....	MI	L	1,441,613			11,658	257,359		
24. Minnesota.....	MN	L	171,112			(20,871)	35,740		
25. Mississippi.....	MS	L	315,506			(132,663)	60,658		
26. Missouri.....	MO	L	660,343		90,626	(1,183,022)	1,657,103		
27. Montana.....	MT	L	31,072			(4,985)	12,903		
28. Nebraska.....	NE	L	165,223			13,530	41,534		
29. Nevada.....	NV	L	199,321			(91,125)	152,530		
30. New Hampshire.....	NH	L	513,821			17,332	101,301		
31. New Jersey.....	NJ	L	169,744		269,475	4,852	208,800		
32. New Mexico.....	NM	L	95,194			30,370	49,857		
33. New York.....	NY	L	2,853,872			51,361	611,000		
34. North Carolina.....	NC	E							
35. North Dakota.....	ND	L	13,349			4,120	18,504		
36. Ohio.....	OH	L	2,885,439		(162)	(187,227)	795,936		
37. Oklahoma.....	OK	L	431,314			7,564	77,644		
38. Oregon.....	OR	L	341,627			15,437	56,538		
39. Pennsylvania.....	PA	L	6,240,824			224,465	1,051,231		
40. Rhode Island.....	RI	L	1,084			(34)	166		
41. South Carolina.....	SC	L	251,796			4,278	39,428		
42. South Dakota.....	SD	L	2,825			(4,904)	433		
43. Tennessee.....	TN	L	527,896		21,020	35,947	144,387		
44. Texas.....	TX	L	1,356,766			(87,902)	484,187		
45. Utah.....	UT	L	41,450			(6,831)	6,972		
46. Vermont.....	VT	L	280,457			62,517	97,283		
47. Virginia.....	VA	L	1,017,267			18,112	196,911		
48. Washington.....	WA	L	185,803			(5,561)	51,750		
49. West Virginia.....	WV	E	9,576			(119,689)	203,034		
50. Wisconsin.....	WI	L	1,673,767			(18,490)	273,317		
51. Wyoming.....	WY	L	660		(745)		(6,728)		
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) 48	32,580,612		33,892,449	0	916,639	1,183,781	20,540,353

DETAILS OF WRITE-INS

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

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

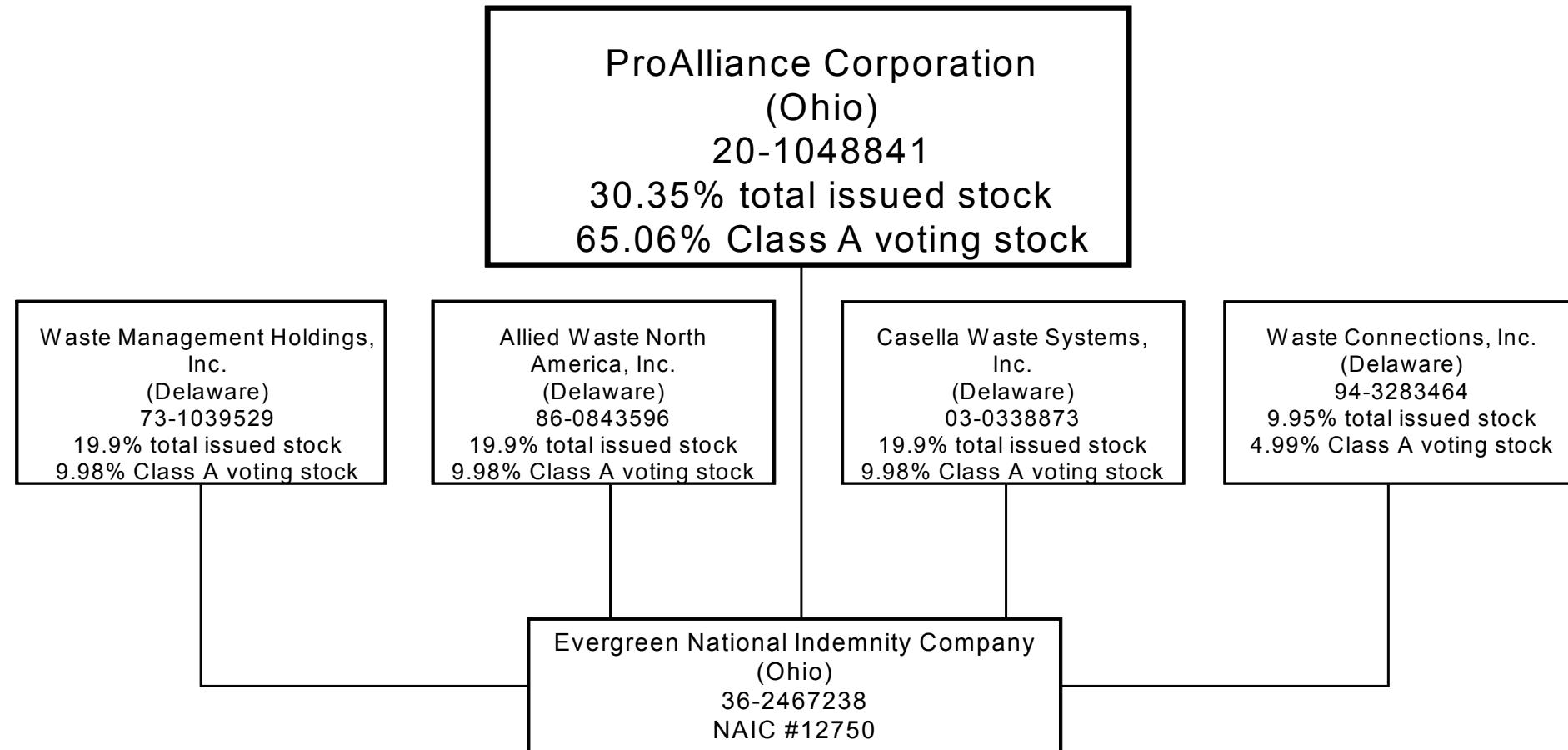
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(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.

Explanation of Basis of Allocation of Premiums by States, etc.

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

PART 1 – ORGANIZATIONAL CHART



2011 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

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