



ANNUAL STATEMENT

For the Year Ended December 31, 2011
of the Condition and Affairs of the

Club Insurance Company

NAIC Group Code..... , (Current Period) (Prior Period)	NAIC Company Code..... 10974	Employer's ID Number..... 31-1631404
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... December 11, 1998	Commenced Business..... April 29, 1999	
Statutory Home Office	90 East Wilson Bridge Rd..... Worthington OH 43085 (Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	90 East Wilson Bridge Rd..... Worthington OH 43085 (Street and Number) (City or Town, State and Zip Code)	614-431-7889 (Area Code) (Telephone Number)
Mail Address	90 East Wilson Bridge Rd..... Worthington OH 43085 (Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	90 East Wilson Bridge Rd..... Worthington OH 43085 (Street and Number) (City or Town, State and Zip Code)	614-431-7889 (Area Code) (Telephone Number)
Internet Web Site Address	N/A	
Statutory Statement Contact	Ronald Jay Carr (Name) rcarr@aaaohio.com (E-Mail Address)	614-431-7805 (Area Code) (Telephone Number) (Extension) 614-431-7852 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Gregory Lowell Cady	President	2. Thomas Wesley Keyes	Treasurer
3. Thomas Wesley Keyes	Secretary	4.	N/A

OTHER

DIRECTORS OR TRUSTEES

John Jeffery Bognaird	Charles Henderson Hire	John Edward McClain Jr	Thomas Joseph Eberly
Thomas Alan Dunlap	Sue Ann Fouche	Brian W Thomas	William Joseph Hafer
Mark Harry Shaw			

State of..... Ohio
County of..... Franklin

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. 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) Gregory Lowell Gady	(Signature) Thomas Wesley Keyes	(Signature) Thomas Wesley Keyes
1. (Printed Name) President	2. (Printed Name) Treasurer	3. (Printed Name) Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This 24th day of February 2012

a. Is this an original filing? Yes [X] No []

b. If no

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



NAIC Group Code....0 NAIC Company Code....10974

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....	1,400,765	1,401,829		775,830	266,378	133,083	167,885				152,408	508
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H (b).....					500	(3,500)						
15.2 Non-cancelable A & H (b).....												
15.3 Guaranteed renewable A & H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A & H (b).....												
15.8 Federal employees health benefits program premium (b).....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	1,400,765	1,401,829	0	775,830	266,878	129,583	167,885	0	0	0	152,408	508

DETAILS OF WRITE-INS

3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	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	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$.0.
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.0 and number of persons insured under indemnity only products.0.

19.GT

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



NAIC Group Code....0 NAIC Company Code....10974

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....	1,400,765	1,401,829		775,830	266,378	133,083	167,885				152,408	508
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H (b).....					500	(3,500)						
15.2 Non-cancelable A & H (b).....												
15.3 Guaranteed renewable A & H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A & H (b).....												
15.8 Federal employees health benefits program premium (b).....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	1,400,765	1,401,829	0	775,830	266,878	129,583	167,885	0	0	0	152,408	508

DETAILS OF WRITE-INS

3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	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	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$.0.
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.0 and number of persons insured under indemnity only products.0.

19.OH

SCHEDULE F - PART 1

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

1	2	3	4	5	Reinsurance On			9	10	11	12	13	14	15
					6	7	8							
Federal ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held by or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
Other U. S. Unaffiliated Insurers:														
33-0382971..	37770.....	Western United Ins Co.....	IN.....	.....	.....	.....32	.....32	.....5	.....	.....	.....	.....	.....	.....
0599999.	Other U. S. Unaffiliated Insurers.....			.....0	.....0	.....32	.....32	.....5	.....0	.....0	.....0	.....0	.....0	.....0
9999999.	Totals.....			.....0	.....0	.....32	.....32	.....5	.....0	.....0	.....0	.....0	.....0	.....0

Sch. F-Pt. 2
NONE

Sch. F-Pt. 3
NONE

Sch. F-Pt. 4
NONE

Sch. F-Pt. 5
NONE

Sch. F-Pt. 6
NONE

Sch. F-Pt. 7
NONE

SCHEDULE F - PART 8

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	13,408,685		13,408,685
2. Premiums and considerations (Line 15).....	141,900		141,900
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....			0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			0
5. Other assets.....	81,376		81,376
6. Net amount recoverable from reinsurers.....			0
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	13,631,961	0	13,631,961
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	200,223		200,223
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	34,635		34,635
11. Unearned premiums (Line 9).....	729,875		729,875
12. Advance premiums (Line 10).....			0
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....			0
15. Funds held by company under reinsurance treaties (Line 13).....			0
16. Amounts withheld or retained by company for account of others (Line 14).....			0
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....	123,828		123,828
19. Total liabilities excluding protected cell business (Line 26).....	1,088,561	0	1,088,561
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	12,543,400	XXX	12,543,400
22. Totals (Line 38).....	13,631,961	0	13,631,961

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?..Yes [] No [X]

If yes, give full explanation:

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written.....	1,400,765	XXX	1,400,765	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Premiums earned.....	1,401,829	XXX	1,401,829	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
3.	Incurred claims.....	129,583	9.2	133,083	9.5		0.0		0.0		0.0		0.0		0.0	(3,500)	0.0		0.0
4.	Cost containment expenses.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	129,583	9.2	133,083	9.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(3,500)	0.0	0	0.0
6.	Increase in contract reserves.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
7.	Commissions (a).....	152,408	10.9	152,408	10.9		0.0		0.0		0.0		0.0		0.0		0.0		0.0
8.	Other general insurance expenses.....	741,235	52.9	741,235	52.9		0.0		0.0		0.0		0.0		0.0		0.0		0.0
9.	Taxes, licenses and fees.....	508	0.0	508	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
10.	Total other expenses incurred.....	894,151	63.8	894,151	63.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds.....	378,095	27.0	374,595	26.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3,500	0.0	0	0.0
13.	Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds.....	378,095	27.0	374,595	26.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3,500	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.	.....		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.	.....		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.	.....		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	729,875	729,875							
2. Advance premiums.....	0								
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	729,875	729,875	0	0	0	0	0	0	0
5. Total premium reserves, prior year.....	730,939	730,939							
6. Increase in total premium reserves.....	(1,064)	(1,064)	0	0	0	0	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	0								
2. Reserve for future contingent benefits (deferred maternity and other similar benefits)....	0								
3. Total contract reserves, current year.....	0	0	0	0	0	0	0	0	0
4. Total contract reserves, prior year.....	0								
5. Increase in contract reserves.....	0	0	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	167,885	167,885							
2. Total prior year.....	305,180	301,180						4,000	
3. Increase.....	(137,295)	(133,295)	0	0	0	0	0	(4,000)	0

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PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	91,672	91,172						500	
1.2 On claims incurred during current year.....	175,206	175,206							
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year.....	15,275	15,275							
2.2 On claims incurred during current year.....	152,610	152,610							
3. Test:									
3.1 Lines 1.1 and 2.1.....	106,947	106,447	0	0	0	0	0	500	0
3.2 Claim reserves and liabilities, December 31, prior year.....	305,180	301,180						4,000	
3.3 Line 3.1 minus Line 3.2.....	(198,233)	(194,733)	0	0	0	0	0	(3,500)	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								
B. Reinsurance Ceded:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								

NONE

(a) Includes \$.0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....			129,583	129,583
2. Beginning claim reserves and liabilities.....			305,180	305,180
3. Ending claim reserves and liabilities.....			167,885	167,885
4. Claims paid.....	0	0	266,878	266,878
B. Assumed Reinsurance:				
5. Incurred claims.....				0
6. Beginning claim reserves and liabilities.....				0
7. Ending claim reserves and liabilities.....				0
8. Claims paid.....	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred claims.....				0
10. Beginning claim reserves and liabilities.....				0
11. Ending claim reserves and liabilities.....				0
12. Claims paid.....	0	0	0	0
D. Net:				
13. Incurred claims.....	0	0	129,583	129,583
14. Beginning claim reserves and liabilities.....	0	0	305,180	305,180
15. Ending claim reserves and liabilities.....	0	0	167,885	167,885
16. Claims paid.....	0	0	266,878	266,878
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			129,583	129,583
18. Beginning reserves and liabilities.....			305,180	305,180
19. Ending reserves and liabilities.....			167,885	167,885
20. Paid claims and cost containment expenses.....	0	0	266,878	266,878

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....								.....0	.....XXX.....
2. 2002.....			.....0								.....0	
3. 2003.....			.....0								.....0	
4. 2004.....			.....0								.....0	
5. 2005.....			.....0								.....0	
6. 2006.....			.....0								.....0	
7. 2007.....			.....0								.....0	
8. 2008.....			.....0								.....0	
9. 2009.....			.....0								.....0	
10. 2010.....			.....0								.....0	
11. 2011.....			.....0								.....0	
12. Totals.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding- Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	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.....0	.....
2. 2002.....0	.....
3. 2003.....0	.....
4. 2004.....0	.....
5. 2005.....0	.....
6. 2006.....0	.....
7. 2007.....0	.....
8. 2008.....0	.....
9. 2009.....0	.....
10. 2010.....0	.....
11. 2011.....0	.....
12. Totals...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	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	Inter- Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....0	.....0
2. 2002.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
3. 2003.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
4. 2004.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
5. 2005.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
6. 2006.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
7. 2007.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
8. 2008.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
9. 2009.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
10. 2010.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
11. 2011.	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
12. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....0	.....0

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL (\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....								.....0	.....XXX.....
2. 2002.....			.....0								.....0	
3. 2003.....			.....0								.....0	
4. 2004.....			.....0								.....0	
5. 2005.....	.....45.....		.....45.....	.....25.....							.....25.....	
6. 2006.....	.....133.....		.....133.....	.....150.....				.....8.....		.....4.....	.....158.....	
7. 2007.....	.....277.....		.....277.....	.....264.....				.....13.....		.....9.....	.....277.....	
8. 2008.....	.....425.....		.....425.....	.....398.....				.....23.....		.....8.....	.....421.....	
9. 2009.....	.....264.....		.....264.....	.....185.....	.....50.....			.....7.....		.....6.....	.....142.....	
10. 2010.....	.....54.....		.....54.....								.....0	
11. 2011.....			.....0								.....0	
12. Totals.....	.....XXX.....	.....XXX.....	.....XXX.....	.....1,022.....	.....50.....	.....0.....	.....0.....	.....51.....	.....0.....	.....27.....	.....1,023.....	.....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.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
2. 2002.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
3. 2003.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
4. 2004.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
5. 2005.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
6. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
7. 2007.....	.....2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....2	.....
8. 2008.....	.....11	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....11	.....
9. 2009.....	.....19	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....19	.....
10. 2010.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
11. 2011.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
12. Totals...	.....32	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....32	.....0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	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	Inter- Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....0	.....0
2. 2002.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....	.....	.....	.....0	.....0
3. 2003.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....	.....	.....	.....0	.....0
4. 2004.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....	.....	.....	.....0	.....0
5. 2005.	.....25.....	.....0.....	.....25.....	.....55.6.....	.....0.0.....	.....55.6.....	.....	.....	.....	.....0	.....0
6. 2006.	.....158.....	.....0.....	.....158.....	.....118.8.....	.....0.0.....	.....118.8.....	.....	.....	.....	.....0	.....0
7. 2007.	.....279.....	.....0.....	.....279.....	.....100.7.....	.....0.0.....	.....100.7.....	.....	.....	.....	.....2	.....0
8. 2008.	.....432.....	.....0.....	.....432.....	.....101.6.....	.....0.0.....	.....101.6.....	.....	.....	.....	.....11	.....0
9. 2009.	.....211.....	.....50.....	.....161.....	.....79.9.....	.....0.0.....	.....61.0.....	.....	.....	.....	.....19	.....0
10. 2010.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....	.....	.....	.....0	.....0
11. 2011.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....	.....	.....	.....0	.....0
12. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....XXX.....	.....32.....	.....0.....

Sch. P-Pt. 1C
NONE

Sch. P-Pt. 1D
NONE

Sch. P-Pt. 1E
NONE

Sch. P-Pt. 1F-Sn. 1
NONE

Sch. P-Pt. 1F-Sn. 2
NONE

Sch. P-Pt. 1G
NONE

Sch. P-Pt. 1H-Sn. 1
NONE

Sch. P-Pt. 1H-Sn. 2
NONE

Sch. P-Pt. 1I
NONE

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....(2)						.....(2)	.....(2)	.....XXX.....
2. 2010.....	.....47		.....47								.....0	
3. 2011.....			.....0								.....0	
4. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....(2)	.....0	.....0	.....0	.....0	.....0	.....(2)	.....(2)	.....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.....	.....											.....0	
2. 2010...												.....0	
3. 2011...												.....0	
4. Totals...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	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	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....			.....XXX.....	.....0	.....0
2. 2010	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0				.....0	.....0
3. 2011	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0				.....0	.....0
4. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....0	.....0

SCHEDULE P - PART 1K - FIDELITY/SURETY
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....XXX.....
2. 2010.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....XXX.....
3. 2011.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....XXX.....
4. Totals.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
2. 2010...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
3. 2011...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
4. Totals...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....			.....XXX.....	.....0	.....0
2. 2010	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0				.....0	.....0
3. 2011	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0				.....0	.....0
4. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....0	.....0

SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....18							.....18	.....XXX.....
2. 2010.....	.....1,423		.....1,423	.....260				.....44			.....304	.....XXX.....
3. 2011.....	.....1,402		.....1,402	.....175				.....118			.....293	.....XXX.....
4. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....453	.....0	.....0	.....0	.....162	.....0	.....0	.....615	.....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....		.....		.....		.....		.....		.....0	.....
2. 2010...	.....7		.....8								.....15	.....15
3. 2011...	.....92		.....61								.....153	.....125
4. Totals...	.....99	.....0	.....69	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....168	.....140

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	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	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....			.....XXX.....	.....0	.....0
2. 2010	.....319	.....0	.....319	.....22.4	.....0.0	.....22.4				.....15	.....0
3. 2011	.....446	.....0	.....446	.....31.8	.....0.0	.....31.8				.....153	.....0
4. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....168	.....0

Sch. P-Pt. 1M
NONE

Sch. P-Pt. 1N
NONE

Sch. P-Pt. 1O
NONE

Sch. P-Pt. 1P
NONE

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

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

Sch. P-Pt. 1S
NONE

Sch. P-Pt. 1T
NONE

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1	2	3	4	5	6	7	8	9	10	11	12
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	One Year	Two Year
1. Prior.....											.....0	.....0
2. 2002.....											.....0	.....0
3. 2003.....	XXX										.....0	.....0
4. 2004.....	XXX	XXX									.....0	.....0
5. 2005.....	XXX	XXX	XXX								.....0	.....0
6. 2006.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2007.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0XXX
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXXXXX
12. Totals										00

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

1. Prior.....											.....0	.....0
2. 2002.....											.....0	.....0
3. 2003.....	XXX									00
4. 2004.....	XXX	XXX								00
5. 2005.....	XXX	XXX	XXX	27	19	26	25	25	25	25	.....0	.....0
6. 2006.....	XXX	XXX	XXX	XXX	126	149	152	150	152	150	.....(2)	.....0
7. 2007.....	XXX	XXX	XXX	XXX	XXX	229	264	269	268	266	.....(2)	.....(3)
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	270	379	401	409	.....8	.....30
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	153	164	154	.....(10)	.....1
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	....XXX
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		....XXX	....XXX
12. Totals											.....(6)	.....28

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

1. Prior.....											.....0	.....0
2. 2002.....											.....0	.....0
3. 2003.....	XXX										.....0	.....0
4. 2004.....	XXX	XXX									.....0	.....0
5. 2005.....	XXX	XXX	XXX								.....0	.....0
6. 2006.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2007.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	....XXX
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		....XXX	....XXX
12. Totals											.....0	.....0

SCHEDULE P - PART 2D - WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior.....											.....0	.....0
2. 2002.....											.....0	.....0
3. 2003.....	XXX										.....0	.....0
4. 2004.....	XXX	XXX									.....0	.....0
5. 2005.....	XXX	XXX	XXX								.....0	.....0
6. 2006.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2007.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	....XXX
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		....XXX	....XXX
12. Totals											.....0	.....0

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....											.....0	.....0
2. 2002.....											.....0	.....0
3. 2003.....	XXX										.....0	.....0
4. 2004.....	XXX	XXX									.....0	.....0
5. 2005.....	XXX	XXX	XXX								.....0	.....0
6. 2006.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2007.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	....XXX
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		....XXX	....XXX
12. Totals											.....0	.....0

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1	2	3	4	5	6	7	8	9	10	11	12
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	One Year	Two Year
1. Prior.....											.....0	.....0
2. 2002.....											.....0	.....0
3. 2003.....	XXX										.....0	.....0
4. 2004.....	XXX	XXX									.....0	.....0
5. 2005.....	XXX	XXX	XXX								.....0	.....0
6. 2006.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2007.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	....XXX
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		....XXX	....XXX
12. Totals											.....0	.....0

NONE

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....											.....0	.....0
2. 2002.....											.....0	.....0
3. 2003.....	XXX										.....0	.....0
4. 2004.....	XXX	XXX									.....0	.....0
5. 2005.....	XXX	XXX	XXX								.....0	.....0
6. 2006.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2007.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	....XXX
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		....XXX	....XXX
12. Totals											.....0	.....0

NONE

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

1. Prior.....											.....0	.....0
2. 2002.....											.....0	.....0
3. 2003.....	XXX										.....0	.....0
4. 2004.....	XXX	XXX									.....0	.....0
5. 2005.....	XXX	XXX	XXX								.....0	.....0
6. 2006.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2007.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	....XXX
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		....XXX	....XXX
12. Totals											.....0	.....0

NONE

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

1. Prior.....										00
2. 2002.....											.....0	.....0
3. 2003.....	XXX										.....0	.....0
4. 2004.....	XXX	XXX									.....0	.....0
5. 2005.....	XXX	XXX	XXX								.....0	.....0
6. 2006.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2007.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	....XXX
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		....XXX	....XXX
12. Totals											.....0	.....0

NONE

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

1. Prior.....											.....0	.....0
2. 2002.....											.....0	.....0
3. 2003.....	XXX										.....0	.....0
4. 2004.....	XXX	XXX									.....0	.....0
5. 2005.....	XXX	XXX	XXX								.....0	.....0
6. 2006.....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2007.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	....XXX
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		....XXX	....XXX
12. Totals											.....0	.....0

NONE

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1	2	3	4	5	6	7	8	9	10	11	12
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	One Year	Two Year
1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....0	.....0
2. 2010.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....0	...XXX.....
3. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	...XXX.....	...XXX.....
4. Totals											.....0	.....0

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....12	.....(10)	.....(14)	.....(4)	.....(26)
2. 2010.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....0	...XXX.....
3. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	...XXX.....	...XXX.....
4. Totals											.....(4)	.....(26)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....0	.....0
2. 2010.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....0	...XXX.....
3. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	...XXX.....	...XXX.....
4. Totals											.....0	.....0

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

1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....384	.....163	.....118	.....(45)	.....(266)
2. 2010.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....428	.....275	.....(153)	...XXX.....
3. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....328	...XXX.....	...XXX.....
4. Totals											.....(198)	.....(266)

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
2. 2002.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
3. 2003.....	...XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
4. 2004.....	...XXX.....	...XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
5. 2005.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
6. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....	.....	.....	.....0	.....0
7. 2007.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....	.....	.....0	.....0
8. 2008.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....	.....0	.....0
9. 2009.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....	.....0	.....0
10. 2010.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	.....	.....0	...XXX.....
11. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....	...XXX.....	...XXX.....
12. Totals											.....0	.....0

Sch. P-Pt. 2N
NONE

Sch. P-Pt. 2O
NONE

Sch. P-Pt. 2P
NONE

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

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

Sch. P-Pt. 2S
NONE

Sch. P-Pt. 2T
NONE

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011		
1. Prior.....	.....000.....											
2. 2002.....												
3. 2003.....	XXX											
4. 2004.....	XXX	XXX										
5. 2005.....	XXX	XXX	XXX									
6. 2006.....	XXX	XXX	XXX	XXX								
7. 2007.....	XXX	XXX	XXX	XXX	XXX							
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

1. Prior.....	.....000.....											
2. 2002.....												
3. 2003.....	XXX											
4. 2004.....	XXX	XXX										
5. 2005.....	XXX	XXX	XXX	14	17	24	25	25	25	25		
6. 2006.....	XXX	XXX	XXX	XXX	51	116	145	145	150	150		
7. 2007.....	XXX	XXX	XXX	XXX	XXX	72	204	250	256	264		
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	135	317	364	398		
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56	85	135		
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	.....000.....											
2. 2002.....												
3. 2003.....	XXX											
4. 2004.....	XXX	XXX										
5. 2005.....	XXX	XXX	XXX									
6. 2006.....	XXX	XXX	XXX	XXX								
7. 2007.....	XXX	XXX	XXX	XXX	XXX							
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior.....	.....000.....											
2. 2002.....												
3. 2003.....	XXX											
4. 2004.....	XXX	XXX										
5. 2005.....	XXX	XXX	XXX									
6. 2006.....	XXX	XXX	XXX	XXX								
7. 2007.....	XXX	XXX	XXX	XXX	XXX							
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	.....000.....											
2. 2002.....												
3. 2003.....	XXX											
4. 2004.....	XXX	XXX										
5. 2005.....	XXX	XXX	XXX									
6. 2006.....	XXX	XXX	XXX	XXX								
7. 2007.....	XXX	XXX	XXX	XXX	XXX							
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011		
1. Prior.....	.000.....											
2. 2002.....												
3. 2003.....	XXX.....											
4. 2004.....	XXX.....	XXX.....										
5. 2005.....	XXX.....	XXX.....	XXX.....									
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

NONE

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....	.000.....											
2. 2002.....												
3. 2003.....	XXX.....											
4. 2004.....	XXX.....	XXX.....										
5. 2005.....	XXX.....	XXX.....	XXX.....									
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

NONE

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

1. Prior.....	.000.....										XXX.....	XXX.....
2. 2002.....											XXX.....	XXX.....
3. 2003.....	XXX.....										XXX.....	XXX.....
4. 2004.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 2005.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

NONE

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

1. Prior.....	.000.....											
2. 2002.....												
3. 2003.....	XXX.....											
4. 2004.....	XXX.....	XXX.....										
5. 2005.....	XXX.....	XXX.....	XXX.....									
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

NONE

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

1. Prior.....	.000.....											
2. 2002.....												
3. 2003.....	XXX.....											
4. 2004.....	XXX.....	XXX.....										
5. 2005.....	XXX.....	XXX.....	XXX.....									
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

NONE

SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011		
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	..000.....	.....	.....	XXX.....	XXX.....
2. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	XXX.....
3. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	...XXX.....	.....	XXX.....	XXX.....

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	..000.....	.....(12)	.....(14)	.....	.....
2. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
3. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	...XXX.....	.....	.....	.....

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	..000.....	.....	.....	XXX.....	XXX.....
2. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	XXX.....
3. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	...XXX.....	.....	XXX.....	XXX.....

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

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	..000.....	.....100	.....118	XXX.....	XXX.....
2. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....186	.....260	XXX.....	XXX.....
3. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	...XXX.....	.....175	XXX.....	XXX.....

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	..000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
2. 2002.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
3. 2003.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
4. 2004.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
5. 2005.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	XXX.....	XXX.....
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	XXX.....	XXX.....
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	XXX.....
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	...XXX.....	.....	XXX.....	XXX.....

Sch. P-Pt. 3N
NONE

Sch. P-Pt. 3O
NONE

Sch. P-Pt. 3P
NONE

Sch. P-Pt. 3R-Sn. 1
NONE

Sch. P-Pt. 3R-Sn. 2
NONE

Sch. P-Pt. 3S
NONE

Sch. P-Pt. 3T
NONE

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....										
2. 2002.....										
3. 2003.....	XXX									
4. 2004.....	XXX	XXX								
5. 2005.....	XXX	XXX	XXX							
6. 2006.....	XXX	XXX	XXX	XXX						
7. 2007.....	XXX	XXX	XXX	XXX	XXX					
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....										
2. 2002.....										
3. 2003.....	XXX									
4. 2004.....	XXX	XXX								
5. 2005.....	XXX	XXX	XXX							
6. 2006.....	XXX	XXX	XXX	XXX						
7. 2007.....	XXX	XXX	XXX	XXX	XXX	.45				
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	(17)			
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(3)		
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2002.....										
3. 2003.....	XXX									
4. 2004.....	XXX	XXX								
5. 2005.....	XXX	XXX	XXX							
6. 2006.....	XXX	XXX	XXX	XXX						
7. 2007.....	XXX	XXX	XXX	XXX	XXX					
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

**SCHEDULE P - PART 4D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior.....										
2. 2002.....										
3. 2003.....	XXX									
4. 2004.....	XXX	XXX								
5. 2005.....	XXX	XXX	XXX							
6. 2006.....	XXX	XXX	XXX	XXX						
7. 2007.....	XXX	XXX	XXX	XXX	XXX					
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....										
2. 2002.....										
3. 2003.....	XXX									
4. 2004.....	XXX	XXX								
5. 2005.....	XXX	XXX	XXX							
6. 2006.....	XXX	XXX	XXX	XXX						
7. 2007.....	XXX	XXX	XXX	XXX	XXX					
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....										
2. 2002.....										
3. 2003.....	XXX									
4. 2004.....	XXX	XXX								
5. 2005.....	XXX	XXX	XXX							
6. 2006.....	XXX	XXX	XXX	XXX						
7. 2007.....	XXX	XXX	XXX	XXX	XXX					
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2002.....										
3. 2003.....	XXX									
4. 2004.....	XXX	XXX								
5. 2005.....	XXX	XXX	XXX							
6. 2006.....	XXX	XXX	XXX	XXX						
7. 2007.....	XXX	XXX	XXX	XXX	XXX					
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....										
2. 2002.....										
3. 2003.....	XXX									
4. 2004.....	XXX	XXX								
5. 2005.....	XXX	XXX	XXX							
6. 2006.....	XXX	XXX	XXX	XXX						
7. 2007.....	XXX	XXX	XXX	XXX	XXX					
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....										
2. 2002.....										
3. 2003.....	XXX									
4. 2004.....	XXX	XXX								
5. 2005.....	XXX	XXX	XXX							
6. 2006.....	XXX	XXX	XXX	XXX						
7. 2007.....	XXX	XXX	XXX	XXX	XXX					
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....										
2. 2002.....										
3. 2003.....	XXX									
4. 2004.....	XXX	XXX								
5. 2005.....	XXX	XXX	XXX							
6. 2006.....	XXX	XXX	XXX	XXX						
7. 2007.....	XXX	XXX	XXX	XXX	XXX					
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Reinsurance and Other Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
2. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
3. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	(1)		
2. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
3. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
2. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
3. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

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

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	223	26	
2. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	174	8
3. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	61

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior.....										
2. 2002.....										
3. 2003.....	XXX.....									
4. 2004.....	XXX.....	XXX.....								
5. 2005.....	XXX.....	XXX.....	XXX.....							
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

Sch. P-Pt. 4N
NONE

Sch. P-Pt. 4O
NONE

Sch. P-Pt. 4P
NONE

Sch. P-Pt. 4R-Sn. 1
NONE

Sch. P-Pt. 4R-Sn. 2
NONE

Sch. P-Pt. 4S
NONE

Sch. P-Pt. 4T
NONE

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

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

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

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

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

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

Sch. P-Pt. 5C-Sn. 1
NONE

Sch. P-Pt. 5C-Sn. 2
NONE

Sch. P-Pt. 5C-Sn. 3
NONE

Sch. P-Pt. 5D-Sn. 1
NONE

Sch. P-Pt. 5D-Sn. 2
NONE

Sch. P-Pt. 5D-Sn. 3
NONE

Sch. P-Pt. 5E-Sn. 1
NONE

Sch. P-Pt. 5E-Sn. 2
NONE

Sch. P-Pt. 5E-Sn. 3
NONE

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

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

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

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

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

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

Sch. P-Pt. 5H-Sn. 1A
NONE

Sch. P-Pt. 5H-Sn. 2A
NONE

Sch. P-Pt. 5H-Sn. 3A
NONE

Sch. P-Pt. 5H-Sn. 1B
NONE

Sch. P-Pt. 5H-Sn. 2B
NONE

Sch. P-Pt. 5H-Sn. 3B
NONE

Sch. P-Pt. 5R-Sn. 1A
NONE

Sch. P-Pt. 5R-Sn. 2A
NONE

Sch. P-Pt. 5R-Sn. 3A
NONE

Sch. P-Pt. 5R-Sn. 1B
NONE

Sch. P-Pt. 5R-Sn. 2B
NONE

Sch. P-Pt. 5R-Sn. 3B
NONE

Sch. P-Pt. 5T-Sn. 1
NONE

Sch. P-Pt. 5T-Sn. 2
NONE

Sch. P-Pt. 5T-Sn. 3
NONE

Sch. P-Pt. 6C-Sn. 1
NONE

Sch. P-Pt. 6C-Sn. 2
NONE

Sch. P-Pt. 6D-Sn. 1
NONE

Sch. P-Pt. 6D-Sn. 2
NONE

Sch. P-Pt. 6E-Sn. 1
NONE

Sch. P-Pt. 6E-Sn. 2
NONE

Sch. P-Pt. 6H-Sn. 1A
NONE

Sch. P-Pt. 6H-Sn. 2A
NONE

Sch. P-Pt. 6H-Sn. 1B
NONE

Sch. P-Pt. 6H-Sn. 2B
NONE

Sch. P-Pt. 6M-Sn. 1
NONE

Sch. P-Pt. 6M-Sn. 2
NONE

Sch. P-Pt. 6N-Sn. 1
NONE

Sch. P-Pt. 6N-Sn. 2
NONE

Sch. P-Pt. 6O-Sn. 1
NONE

Sch. P-Pt. 6O-Sn. 2
NONE

Sch. P-Pt. 6R-Sn. 1A
NONE

Sch. P-Pt. 6R-Sn. 2A
NONE

Sch. P-Pt. 6R-Sn. 1B
NONE

Sch. P-Pt. 6R-Sn. 2B
NONE

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS

(\$000 Omitted)

SECTION 1

	1	2	3	4	5	6
	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
Schedule P - Part 1						
1. Homeowners/farmowners.....			.....0.0	.....	.....	.....0.0
2. Private passenger auto liability/medical.....	.....32		.....0.0	.....	.....	.....0.0
3. Commercial auto/truck liability/medical.....			.....0.0	.....	.....	.....0.0
4. Workers' compensation.....			.....0.0	.....	.....	.....0.0
5. Commercial multiple peril.....			.....0.0	.....	.....	.....0.0
6. Medical professional liability - occurrence.....			.....0.0	.....	.....	.....0.0
7. Medical professional liability - claims-made.....			.....0.0	.....	.....	.....0.0
8. Special liability.....			.....0.0	.....	.....	.....0.0
9. Other liability - occurrence.....			.....0.0	.....	.....	.....0.0
10. Other liability - claims-made.....			.....0.0	.....	.....	.....0.0
11. Special property.....			.....0.0	.....	.....	.....0.0
12. Auto physical damage.....			.....0.0	.....	.....	.....0.0
13. Fidelity/surety.....			.....0.0	.....	.....	.....0.0
14. Other.....	.....168		.....0.0	.....1,401	.....	.....0.0
15. International.....			.....0.0	.....	.....	.....0.0
16. Reinsurance - nonproportional assumed property.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX
17. Reinsurance - nonproportional assumed liability.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX
18. Reinsurance - nonproportional assumed financial lines.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX
19. Products liability - occurrence.....			.....0.0	.....	.....	.....0.0
20. Products liability - claims-made.....			.....0.0	.....	.....	.....0.0
21. Financial guaranty/mortgage guaranty.....			.....0.0	.....	.....	.....0.0
22. Warranty.....			.....0.0	.....	.....	.....0.0
23. Totals.....	.....200	.....0	.....0.0	.....1,401	.....0	.....0.0

SECTION 2

Years in Which Policies Were Issued	Incurred Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2002.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2003.....	.....XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2004.....	.....XXX	.....XXX	.....	.....	.....	.....	.....	.....	.....	.....
5. 2005.....	.....XXX	.....XXX	.....XXX	.....	.....	.....	.....	.....	.....	.....
6. 2006.....	.....XXX	.....XXX	.....XXX	.....XXX	.....	.....	.....	.....	.....	.....
7. 2007.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....	.....	.....	.....	.....
8. 2008.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....	.....	.....	.....
9. 2009.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....	.....	.....
10. 2010.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....	.....
11. 2011.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....

SECTION 3

Years in Which Policies Were Issued	Bulk and Incurred But Not Reported Reserves for Losses and Defense and Cost Containment Expenses at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2002.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2003.....	.....XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2004.....	.....XXX	.....XXX	.....	.....	.....	.....	.....	.....	.....	.....
5. 2005.....	.....XXX	.....XXX	.....XXX	.....	.....	.....	.....	.....	.....	.....
6. 2006.....	.....XXX	.....XXX	.....XXX	.....XXX	.....	.....	.....	.....	.....	.....
7. 2007.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....	.....	.....	.....	.....
8. 2008.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....	.....	.....	.....
9. 2009.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....	.....	.....
10. 2010.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....	.....
11. 2011.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (continued)

SECTION 4

Years in Which Policies Were Issued	Net Earned Premiums Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....										
2. 2002.....										
3. 2003.....	XXX									
4. 2004.....	XXX	XXX								
5. 2005.....	XXX	XXX	XXX							
6. 2006.....	XXX	XXX	XXX	XXX						
7. 2007.....	XXX	XXX	XXX	XXX	XXX					
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

Years in Which Policies Were Issued	Net Reserve for Premium Adjustments and Accrued Retrospective Premiums at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....										
2. 2002.....										
3. 2003.....	XXX									
4. 2004.....	XXX	XXX								
5. 2005.....	XXX	XXX	XXX							
6. 2006.....	XXX	XXX	XXX	XXX						
7. 2007.....	XXX	XXX	XXX	XXX	XXX					
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS

(\$000 Omitted)

SECTION 1

	1	2	3	4	5	6
	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
Schedule P - Part 1						
1. Homeowners/farmowners.....			0.0			0.0
2. Private passenger auto liability/medical.....	32		0.0			0.0
3. Commercial auto/truck liability/medical.....			0.0			0.0
4. Workers' compensation.....			0.0			0.0
5. Commercial multiple peril.....			0.0			0.0
6. Medical professional liability - occurrence.....			0.0			0.0
7. Medical professional liability - claims-made.....			0.0			0.0
8. Special liability.....			0.0			0.0
9. Other liability - occurrence.....			0.0			0.0
10. Other liability - claims-made.....			0.0			0.0
11. Special property.....			0.0			0.0
12. Auto physical damage.....			0.0			0.0
13. Fidelity/surety.....			0.0			0.0
14. Other.....	168		0.0	1,401		0.0
15. International.....			0.0			0.0
16. Reinsurance - nonproportional assumed property.....			0.0			0.0
17. Reinsurance - nonproportional assumed liability.....			0.0			0.0
18. Reinsurance - nonproportional assumed financial lines.....			0.0			0.0
19. Products liability - occurrence.....			0.0			0.0
20. Products liability - claims-made.....			0.0			0.0
21. Financial guaranty/mortgage guaranty.....			0.0			0.0
22. Warranty.....			0.0			0.0
23. Totals	200	0	0.0	1,401	0	0.0

SECTION 2

Years in Which Policies Were Issued	Incurred Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....										
2. 2002.....										
3. 2003.....	XXX									
4. 2004.....	XXX	XXX								
5. 2005.....	XXX	XXX	XXX							
6. 2006.....	XXX	XXX	XXX	XXX						
7. 2007.....	XXX	XXX	XXX	XXX	XXX					
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	Bulk and Incurred But Not Reported Reserves for Losses and Defense and Cost Containment Expenses at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....										
2. 2002.....										
3. 2003.....	XXX									
4. 2004.....	XXX	XXX								
5. 2005.....	XXX	XXX	XXX							
6. 2006.....	XXX	XXX	XXX	XXX						
7. 2007.....	XXX	XXX	XXX	XXX	XXX					
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (continued)

SECTION 4

Years in Which Policies Were Issued	Net Earned Premiums Reported At Year End (\$000 Omitted)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....										
2. 2002.....										
3. 2003.....	.XXX									
4. 2004.....	.XXX	.XXX								
5. 2005.....	.XXX	.XXX	.XXX							
6. 2006.....	.XXX	.XXX	.XXX	.XXX						
7. 2007.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2008.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2009.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 5

Years in Which Policies Were Issued	Net Reserve For Premium Adjustments And Accrued Retrospective Premiums At Year End (\$000 Omitted)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....										
2. 2002.....										
3. 2003.....	.XXX									
4. 2004.....	.XXX	.XXX								
5. 2005.....	.XXX	.XXX	.XXX							
6. 2006.....	.XXX	.XXX	.XXX	.XXX						
7. 2007.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2008.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2009.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 6

Years in Which Policies Were Issued	Incurred Adjustable Commissions Reported At Year End (\$000 Omitted)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....										
2. 2002.....										
3. 2003.....	.XXX									
4. 2004.....	.XXX	.XXX								
5. 2005.....	.XXX	.XXX	.XXX							
6. 2006.....	.XXX	.XXX	.XXX	.XXX						
7. 2007.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2008.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2009.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 7

Years in Which Policies Were Issued	Reserves For Commission Adjustments At Year End (\$000 Omitted)									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....										
2. 2002.....										
3. 2003.....	.XXX									
4. 2004.....	.XXX	.XXX								
5. 2005.....	.XXX	.XXX	.XXX							
6. 2006.....	.XXX	.XXX	.XXX	.XXX						
7. 2007.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2008.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2009.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SCHEDULE P INTERROGATORIES

1.

The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims-Made insurance policies. EREs provided for reasons other than DDR are not be included.
- 1.1

Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost?
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions.

Yes [☐] No [X] ☐
- 1.2

What is the total amount of the reserve for that provision (DDR reserve) as reported, explicitly or not, elsewhere in this statement (in dollars)?

.....
- 1.3

Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?

Yes [☐] No [X] ☐
- 1.4

Does the company report any DDR reserve as loss or loss adjustment expense reserve?

Yes [☐] No [X] ☐
- 1.5

If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?

Yes [☐] No [☐] N/A [X] ☐
- 1.6

If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1	2
	Section 1: Occurrence	Section 2: Claims-Made
1.601 Prior.....
1.602 2002.....
1.603 2003.....
1.604 2004.....
1.605 2005.....
1.606 2006.....
1.607 2007.....
1.608 2008.....
1.609 2009.....
1.610 2010.....
1.611 2011.....
1.612 Totals.....	.....0	.....0

2.

The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement?

Yes [X] ☐ No [☐]
3.

The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this statement?

Yes [X] ☐ No [☐]
4.

Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10?

Yes [☐] No [X] ☐

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5.

What were the net premiums in force at the end of the year for: (in thousands of dollars)

5.1 Fidelity
5.2 Surety

.....
.....
6.

Claim count information is reported per claim or per claimant. (Indicate which).
If not the same in all years, explain in Interrogatory 7.

PER CLAIMANT
- 7.1

The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?

Yes [☐] No [X] ☐
- 7.2

An extended statement may be attached.

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
Allocated by States and Territories

States, Etc.			Direct Business Only					
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama.....	AL						.0
2.	Alaska.....	AK						.0
3.	Arizona.....	AZ						.0
4.	Arkansas.....	AR						.0
5.	California.....	CA						.0
6.	Colorado.....	CO						.0
7.	Connecticut.....	CT						.0
8.	Delaware.....	DE						.0
9.	District of Columbia.....	DC						.0
10.	Florida.....	FL						.0
11.	Georgia.....	GA						.0
12.	Hawaii.....	HI						.0
13.	Idaho.....	ID						.0
14.	Illinois.....	IL						.0
15.	Indiana.....	IN						.0
16.	Iowa.....	IA						.0
17.	Kansas.....	KS						.0
18.	Kentucky.....	KY						.0
19.	Louisiana.....	LA						.0
20.	Maine.....	ME						.0
21.	Maryland.....	MD						.0
22.	Massachusetts.....	MA						.0
23.	Michigan.....	MI						.0
24.	Minnesota.....	MN						.0
25.	Mississippi.....	MS						.0
26.	Missouri.....	MO						.0
27.	Montana.....	MT						.0
28.	Nebraska.....	NE						.0
29.	Nevada.....	NV						.0
30.	New Hampshire.....	NH						.0
31.	New Jersey.....	NJ						.0
32.	New Mexico.....	NM						.0
33.	New York.....	NY						.0
34.	North Carolina.....	NC						.0
35.	North Dakota.....	ND						.0
36.	Ohio.....	OH						.0
37.	Oklahoma.....	OK						.0
38.	Oregon.....	OR						.0
39.	Pennsylvania.....	PA						.0
40.	Rhode Island.....	RI						.0
41.	South Carolina.....	SC						.0
42.	South Dakota.....	SD						.0
43.	Tennessee.....	TN						.0
44.	Texas.....	TX						.0
45.	Utah.....	UT						.0
46.	Vermont.....	VT						.0
47.	Virginia.....	VA						.0
48.	Washington.....	WA						.0
49.	West Virginia.....	WV						.0
50.	Wisconsin.....	WI						.0
51.	Wyoming.....	WY						.0
52.	American Samoa.....	AS						.0
53.	Guam.....	GU						.0
54.	Puerto Rico.....	PR						.0
55.	US Virgin Islands.....	VI						.0
56.	Northern Mariana Islands.....	MP						.0
57.	Canada.....	CN						.0
58.	Aggregate Other Alien.....	OT						.0
59.	Totals.....		.0	.0	.0	.0	.0	.0

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*

Members

.....	.....	.....	31-0924026	.....	.....	.....	The Ohio Automobile Club.....	OH.....	UDP.....	The Ohio Automobile Club.....	Ownership.....	.....100.00	The Ohio Automobile Club.....	.....
.....	.....	.....	31-6032293	.....	.....	.....	Automobile Club Insurance Agency.....	OH.....	IA.....	The Ohio Automobile Club.....	Ownership.....	.....100.00	The Ohio Automobile Club.....	.....
.....	.....	.....	20-4597886	.....	.....	.....	Auto Club Renewals.....	OH.....	NIA.....	The Ohio Automobile Club.....	Ownership.....	.....60.00	The Ohio Automobile Club.....	.....
.....	.....	.....	31-1696225	.....	.....	.....	Club Holding Corporation.....	OH.....	UDP.....	The Ohio Automobile Club.....	Ownership.....	.....100.00	The Ohio Automobile Club.....	.....
.....	.....	10974.....	31-1631404	.....	.....	.....	Club Insurance Company.....	OH.....	.....	Club Holding Corporation.....	Ownership.....	.....100.00	The Ohio Automobile Club.....	.....

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
.....	31-0924026.....	The Ohio Automobile Club.....	.....700,000	.....	.....	.....	.....400,000	.....	.....	.....	.....1,100,000	.....
10974.....	31-1631404.....	Club Insurance Company.....	.....(700,000)	.....	.....	.....	.....(400,000)	.....	.....	.....	.....(1,100,000)	.....
9999999.	Control Totals.....	.....	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	.....0	.....0

Club Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will an actuarial opinion be filed by March 1?	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6. Will the Management’s Discussion and Analysis be filed by April 1?	YES
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
MAY FILING	
8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	NO
JUNE FILING	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	YES
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	YES
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24. Will the Director and Officer Supplement be filed with the state of domicile and the NAIC by March 1?	YES
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING	
28. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?	NO
29. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
33. Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

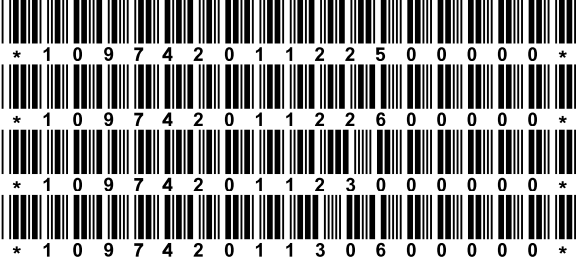
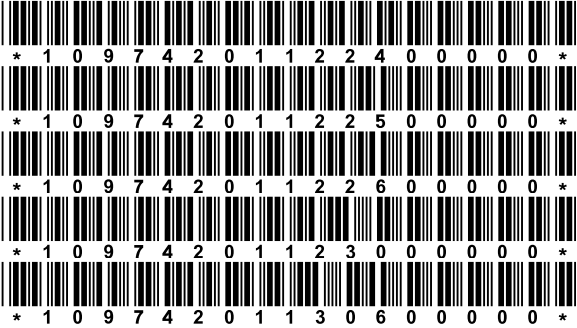
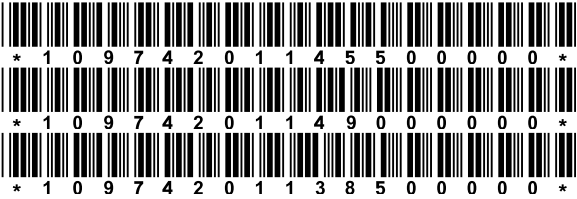
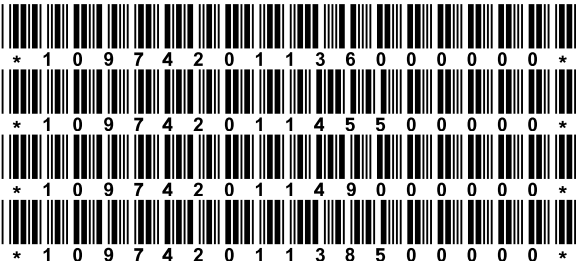
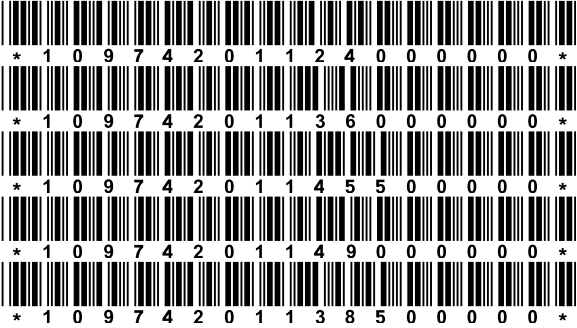
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

EXPLANATIONS:

BAR CODE:

- 1.
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- 31.
- 32.
- 33.



**Overflow Page
NONE**

**Overflow Page
NONE**



**REINSURANCE SUMMARY SUPPLEMENTAL FILING
FOR GENERAL INTERROGATORY 9 (PART 2)**

FOR THE YEAR ENDED DECEMBER 31, 2011

To Be Filed by March 1

NAIC Group Code: 0

NAIC Company Code: 10974....

	(A) Financial Impact		
	1	2	3
	As Reported	Interrogatory 9 Reinsurance Effect	Restated Without Interrogatory 9 Reinsurance
A01. Assets.....	.....13,631,961	.....	.....13,631,961
A02. Liabilities.....	.....1,088,561	.....	.....1,088,561
A03. Surplus as regards to policyholders.....	.....12,543,400	.....	.....12,543,400
A04. Income before taxes.....	.....1,035,468	.....	.....1,035,468

B. Summary of Reinsurance Contract Terms

C. Management's Objectives

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.



DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For the Year Ended December 31, 2011

NAIC Group Code.....0
Company Name: Club Insurance Company
NAIC Company Code.....10974

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

1. Monoline Policies	Direct Premiums		Direct Losses		Direct Defense and Cost Containment		Percentage	
	1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [] No [X]
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated?..... Yes [] No [X]
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for the D&O liability coverage in CMP packaged policies:
2.31 Amount quantified:
2.32 Amount estimated using reasonable assumptions:
- 2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage	
1	2 Paid + Change in Case Reserves	3	4 Paid + Change in Case Reserves	5	6
Paid		Paid		Claims Made	Occurrence
.....00000.0000.000

2011 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

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SCHEDULE F - PART 5

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

1	2	3	4	5	6	7	Letter of Credit Issuing or Confirming Bank (a)			11	12	13	14	15	16	17	18	19	20
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Recoverable all Items Schedule F, Part 3, Col. 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	8	9	10	Ceded Balances Payable	Miscellaneous Balances	Other Allowed Offset Items	Cols. 6 + 7 + 11 + 12 + 13 but not in Excess of Col. 5	Subtotal Col. 5 minus Col. 14	Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due not in Dispute	20% of Amount in Col. 16	Smaller of Col. 14 or Col. 17	Smaller of Col. 14 or 20% of Amount in Dispute Included in Col. 5	Total Provision for Unauthorized Reinsurance Smaller of Col. 5 or Cols. 15 + 18 + 19
							American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name										

1.
- Amounts in dispute totaling \$.....0 are included in Column 5.
2.
- Amounts in dispute totaling \$.....0 are excluded from Column 16.

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*

Members

.....	.....	.....	31-0924026	.....	.....	.....	The Ohio Automobile Club.....	OH.....	UDP.....	The Ohio Automobile Club.....	Ownership.....	.....100.00	The Ohio Automobile Club.....	.....
.....	.....	.....	31-6032293	.....	.....	.....	Automobile Club Insurance Agency.....	OH.....	IA.....	The Ohio Automobile Club.....	Ownership.....	.....100.00	The Ohio Automobile Club.....	.....
.....	.....	.....	20-4597886	.....	.....	.....	Auto Club Renewals.....	OH.....	NIA.....	The Ohio Automobile Club.....	Ownership.....	.....60.00	The Ohio Automobile Club.....	.....
.....	.....	.....	31-1696225	.....	.....	.....	Club Holding Corporation.....	OH.....	UDP.....	The Ohio Automobile Club.....	Ownership.....	.....100.00	The Ohio Automobile Club.....	.....
.....	.....	10974.....	31-1631404	.....	.....	.....	Club Insurance Company.....	OH.....	.....	Club Holding Corporation.....	Ownership.....	.....100.00	The Ohio Automobile Club.....	.....