



ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

PROGRESSIVE ADVANCED INSURANCE COMPANY

NAIC Group Code.....155, 155  
(Current Period) (Prior Period)

NAIC Company Code..... 11851

Employer's ID Number..... 62-0484104

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... June 5, 1930

Commenced Business..... August 26, 1930

Statutory Home Office

6300 WILSON MILLS ROAD, W33..... CLEVELAND ..... OH ..... 44143-2182  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office

6300 WILSON MILLS ROAD, W33..... CLEVELAND ..... OH ..... 44143-2182  
(Street and Number) (City or Town, State and Zip Code)

440-461-5000  
(Area Code) (Telephone Number)

Mail Address

P.O. BOX 89490..... CLEVELAND ..... OH ..... 44101-6490  
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records

6300 WILSON MILLS ROAD, W33..... CLEVELAND ..... OH ..... 44143-2182  
(Street and Number) (City or Town, State and Zip Code)

440-395-4460  
(Area Code) (Telephone Number)

Internet Web Site Address

PROGRESSIVE.COM

Statutory Statement Contact

MARY BETH ANDREANO  
(Name)

440-395-4460  
(Area Code) (Telephone Number) (Extension)

FINANCIAL\_REPORTING@PROGRESSIVE.COM  
(E-Mail Address)

440-446-7168  
(Fax Number)

POLICYHOLDER SERVICES AND CLAIMS REPORTING -- 1-800-PROGRESSIVE (1-800-776-4737)

OFFICERS

Name	Title	Name	Title
SANJAY MAHESH VYAS #	PRESIDENT	MICHAEL ROBERT UTH	SECRETARY
CLARK HAROLD IBRAHIM KHAYAT #	TREASURER		

OTHER

SCOTT EDWARD COLEMAN	(ASST. TREASURER)	JAMES RUSSELL HAAS	(VICE PRESIDENT)
CAROLINE MAE KORAN	(VICE PRESIDENT)	KAREN ANN KOSUDA	(ASST. SECRETARY)
MARIANN WOJTKUN MARSHALL	(VICE PRESIDENT)		

DIRECTORS OR TRUSTEES

TOBY KRAMER ALFRED #	JAMES RUSSELL HAAS	CAROLINE MAE KORAN	SANJAY MAHESH VYAS #
SCOTT WESLEY ZIEGLER			

State of..... OHIO  
County of..... CUYAHOGA

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

(Signature) SANJAY MAHESH VYAS #	(Signature) MICHAEL ROBERT UTH	(Signature) SCOTT EDWARD COLEMAN
1. (Printed Name) PRESIDENT	2. (Printed Name) SECRETARY	3. (Printed Name) ASSISTANT TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me

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

This 16TH day of FEBRUARY, 2012

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.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF **ALASKA**    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			2,350
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	2,350

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF **ALABAMA** DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			2,001
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0			(1,240)	(1,240)			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	(1,240)	(1,240)	0	0	0	0	0	2,001

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

**BUSINESS IN THE STATE OF    ARKANSAS    DURING THE YEAR**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			5,320
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0			(550)	(550)		(162)	(162)			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	(550)	(550)	0	(162)	(162)	0	0	5,320

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    ARIZONA    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....	919,463	904,109		407,368	395,831	389,099	30,339	(15)	(675)	3,275	20,445	22,898
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....	493,208	505,197		222,627	289,853	299,510	72,099		(825)	12,562	12,737	12,281
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0			37,973	38,271	41,396	5,161	5,252	12,432		
19.2 Other private passenger auto liability.....	116,311,878	115,303,666		29,780,115	60,901,580	63,004,483	54,831,456	1,289,103	1,383,124	4,808,335	174,238	2,898,708
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....	67,093,543	66,221,362		17,833,401	46,472,478	46,144,814	13,049	78,615	107,646	182,046	204,675	1,672,044
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	184,818,092	182,934,334	0	48,243,511	108,097,715	109,876,177	54,988,339	1,372,864	1,494,522	5,018,650	412,095	4,605,931

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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 \$.....2,641,617.  
(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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    CALIFORNIA    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....	23,126	36,284			24,295	15,787	2,394		(1,675)	578	2,589	3,388
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....	13,045	20,351			5,541	6,367	(933)	20	(7)	45	1,484	1,911
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	36,171	56,635	0	0	29,836	22,154	1,461	20	(1,682)	623	4,073	5,299

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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 \$.....2,279.  
(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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    COLORADO    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			1,389
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,389

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    DISTRICT OF COLUMBIA    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			1,450
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,450

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    DELAWARE    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			1,800
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,800

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF **FLORIDA** DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0			848,333	48,333		19,948	19,948			5,100
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	848,333	48,333	0	19,948	19,948	0	0	5,100

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF **GEORGIA** DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....	4,891,423	5,180,206		1,311,803	3,028,369	3,217,150	2,889,287	88,627	50,115	215,871	817	193,967
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....	3,159,806	3,322,351		858,573	2,063,273	2,003,962	9,562	(2,985)	(5,282)	3,936	498	128,882
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	8,051,229	8,502,557	0	2,170,376	5,091,642	5,221,112	2,898,849	85,642	44,833	219,807	1,315	322,849

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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 \$.....90,522.  
(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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

**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		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....	8,416,777	8,058,834		3,828,504	4,003,682	4,129,407	458,482	40,015	46,095	36,429	312,520	169,742
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....	2,903,402	2,928,396		1,317,128	763,994	1,099,946	943,614	13,643	15,012	98,165	113,034	60,318
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....	40,717,460	39,535,496		10,478,271	24,837,512	27,408,985	16,737,968	2,312,927	3,155,325	4,182,251	7,587	1,078,406
19.2 Other private passenger auto liability.....	381,179,645	373,055,110		98,153,075	175,176,016	204,462,050	169,073,825	3,553,626	7,066,232	17,178,596	374,170	9,518,626
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....	213,669,634	207,529,963		56,661,481	158,216,647	156,743,475	122,451	201,320	258,925	436,696	417,442	5,099,456
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	646,886,918	631,107,799	0	170,438,459	362,997,851	393,843,863	187,336,340	6,121,531	10,541,589	21,932,137	1,224,753	15,926,548

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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 \$.....9,177,157.  
(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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF **HAWAII** DURING THE YEAR

19.HI

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			2,200
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	2,200

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF **IOWA** DURING THE YEAR

19.1A

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			621
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	621

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    IDAHO    DURING THE YEAR

19.ID

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

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF **ILLINOIS** DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			3,897
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	3,897

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    INDIANA    DURING THE YEAR

19'61

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			1,404
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,404

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF **KANSAS** DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			660
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	660

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

**BUSINESS IN THE STATE OF    KENTUCKY    DURING THE YEAR**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			710
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	710

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    LOUISIANA    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			4,185
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	4,185

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    MARYLAND    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....	1,027,076	1,050,165		472,253	698,935	694,676	57,099	2,175	1,581	6,272	43,476	22,649
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....	460,358	471,905		210,467	184,838	495,254	471,799	1,408	25,419	41,107	20,758	10,149
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....	5,097,198	5,784,786		1,111,579	3,254,514	2,731,561	1,082,000	50,026	9,471	288,836	1,702	112,657
19.2 Other private passenger auto liability.....	45,115,712	51,375,562		10,489,546	29,567,986	27,332,054	26,226,835	617,643	605,776	2,070,209	84,216	996,755
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....	24,973,817	27,549,813		6,202,878	16,643,892	16,240,063	(680,717)	19,065	9	39,117	98,861	552,029
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	76,674,161	86,232,231	0	18,486,723	50,350,165	47,493,608	27,157,016	690,317	642,256	2,445,541	249,013	1,694,239

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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 \$.....861,228.  
(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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF **MAINE** DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			600
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	600

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF **MISSOURI** DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0			83,519	99,304	51,745	48	(1,401)	10,892		
19.2 Other private passenger auto liability.....	31,592,327	29,156,516		8,269,534	11,623,463	14,869,501	7,697,343	73,033	419,576	588,599	3,553	698,299
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....	15,417,851	14,132,087		4,016,525	11,797,967	11,844,737	283,312	18,466	37,363	31,989	2,043	340,759
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	47,010,178	43,288,603	0	12,286,059	23,504,949	26,813,542	8,032,400	91,547	455,538	631,480	5,596	1,039,058

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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 \$.....820,680.  
(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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    MISSISSIPPI    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0			(2,955)	(2,949)	25,000	1,356	276	2,556		(1,322)
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0			(1,659)	(1,659)		70	70			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	(4,614)	(4,608)	25,000	1,426	346	2,556	0	(1,322)

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    MONTANA    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			1,900
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,900

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    NORTH CAROLINA    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			4,030
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	4,030

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    NORTH DAKOTA    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			797
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	797

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.ND

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

**BUSINESS IN THE STATE OF    NEBRASKA    DURING THE YEAR**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			640
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	640

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    NEW HAMPSHIRE    DURING THE YEAR

19.NH

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			1,620
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,620

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    **NEW MEXICO**    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			1,650
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,650

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF **NEVADA** DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			4,356
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	4,356

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

**BUSINESS IN THE STATE OF    NEW YORK    DURING THE YEAR**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....212		158		65		7	7		0			5
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....164		261		76		(6)	13		0			4
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....21,609,503		20,346,606		5,797,236		15,051,826	11,096,273	1,955,038	2,768,357	3,455,078	2,503	641,353
19.2 Other private passenger auto liability.....40,289,972		39,265,695		10,041,835		22,036,704	20,295,917	502,187	1,518,739	2,901,186	4,595	1,147,343
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....20,952,894		20,066,958		5,347,567		18,009,760	(236,280)	39,830	44,131	37,539	2,231	467,571
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....0		0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....82,852,745		79,679,678	0	21,186,779	47,340,746	55,098,291	31,155,930	2,497,055	4,331,227	6,393,803	9,329	2,256,276

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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 \$.....1,012,270.  
(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.



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

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 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			8,071
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	8,071

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    OKLAHOMA    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			1,532
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,532

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.OK

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF **OREGON** DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			1,650
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,650

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    PENNSYLVANIA    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....	551,101	505,421		256,029	233,656	255,873	32,918	55	2,531	3,413	11,679	11,850
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....	316,762	304,366		141,688	21,712	27,800	26,133		1,149	2,499	6,910	6,803
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....	13,864,778	13,263,708		3,518,083	8,446,180	9,257,761	4,341,957	294,264	359,324	408,311	3,265	320,881
19.2 Other private passenger auto liability.....	92,253,400	89,199,494		23,716,074	36,926,610	47,103,584	43,023,319	883,863	2,363,142	5,767,802	80,138	2,135,567
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....	57,270,317	54,868,349		15,089,010	44,550,812	44,298,451	179,510	47,260	50,350	101,129	94,172	1,329,274
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	164,256,358	158,141,338	0	42,720,884	90,178,970	100,943,469	47,603,837	1,225,442	2,776,496	6,283,154	196,164	3,804,375

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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 \$.....2,420,189.  
(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.PA

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF **RHODE ISLAND** DURING THE YEAR

19.RI

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			750
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	750

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    SOUTH CAROLINA    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			600
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	600

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    SOUTH DAKOTA    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			1,000
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,000

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF **TENNESSEE** DURING THE YEAR

19.TN

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			5,436
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	5,436

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    TEXAS    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....	5,918,925	5,598,981		2,692,789	2,675,260	2,789,752	338,119	37,800	42,658	23,469	236,920	112,340
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....	1,632,910	1,646,667		742,270	267,591	277,388	373,570	12,235	(10,731)	41,997	72,629	31,081
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....	51,468	60,143		25,408	12,136	10,621	(544)		(93)	78	85	984
19.2 Other private passenger auto liability.....	509,350	588,008		243,924	156,035	71,435	196,066	12,429	7,530	22,913	861	9,751
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....	891,722	1,000,906		419,705	658,407	660,115	(24,371)	4,018	2,345	1,523	1,466	18,899
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	9,004,375	8,894,705	0	4,124,096	3,769,429	3,809,311	882,840	66,482	41,709	89,980	311,961	173,055

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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 \$.....121,313.  
(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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    UTAH    DURING THE YEAR

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

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    VIRGINIA    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....	94,513	80,253		25,965	118,590	219,641	125,141	8,390	14,415	6,624	32	2,531
19.2 Other private passenger auto liability.....	50,192,457	42,949,679		14,300,244	16,306,369	26,765,968	13,886,208	65,437	699,681	800,547	23,163	1,360,342
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....	23,896,639	20,347,786		6,893,822	17,367,511	17,538,655	579,319	(2,877)	22,462	39,372	12,012	588,087
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	74,183,609	63,377,718	0	21,220,031	33,792,470	44,524,264	14,590,668	70,950	736,558	846,543	35,207	1,950,960

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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 \$.....1,207,059.  
(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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF **VERMONT** DURING THE YEAR

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

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    WASHINGTON    DURING THE YEAR

19.WA

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			1,600
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,600

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    WISCONSIN    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			800
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	800

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



NAIC Group Code.....155    NAIC Company Code....11851

BUSINESS IN THE STATE OF    WEST VIRGINIA    DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....		0				0			0			
2.1 Allied lines.....		0				0			0			
2.2 Multiple peril crop.....		0				0			0			
2.3 Federal flood.....		0				0			0			
3. Farmowners multiple peril.....		0				0			0			
4. Homeowners multiple peril.....		0				0			0			
5.1 Commercial multiple peril (non-liability portion).....		0				0			0			
5.2 Commercial multiple peril (liability portion).....		0				0			0			
6. Mortgage guaranty.....		0				0			0			
8. Ocean marine.....		0				0			0			
9. Inland marine.....		0				0			0			
10. Financial guaranty.....		0				0			0			
11. Medical professional liability.....		0				0			0			
12. Earthquake.....		0				0			0			
13. Group accident and health (b).....		0				0			0			
14. Credit A & H (group and individual).....		0				0			0			
15.1 Collectively renewable A&H (b).....		0				0			0			
15.2 Non-cancelable A & H (b).....		0				0			0			
15.3 Guaranteed renewable A & H (b).....		0				0			0			
15.4 Non-renewable for stated reasons only (b).....		0				0			0			
15.5 Other accident only.....		0				0			0			
15.6 Medicare Title XVIII exempt from state taxes or fees.....		0				0			0			
15.7 All other A & H (b).....		0				0			0			
15.8 Federal employees health benefits program premium (b).....		0				0			0			
16. Workers' compensation.....		0				0			0			
17.1 Other liability-occurrence.....		0				0			0			
17.2 Other liability-claims-made.....		0				0			0			
17.3 Excess workers' compensation.....		0				0			0			
18. Products liability.....		0				0			0			
19.1 Private passenger auto no-fault (personal injury protection).....		0				0			0			
19.2 Other private passenger auto liability.....		0				0			0			1,605
19.3 Commercial auto no-fault (personal injury protection).....		0				0			0			
19.4 Other commercial auto liability.....		0				0			0			
21.1 Private passenger auto physical damage.....		0				0			0			
21.2 Commercial auto physical damage.....		0				0			0			
22. Aircraft (all perils).....		0				0			0			
23. Fidelity.....		0				0			0			
24. Surety.....		0				0			0			
26. Burglary and theft.....		0				0			0			
27. Boiler and machinery.....		0				0			0			
28. Credit.....		0				0			0			
30. Warranty.....		0				0			0			
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,605

**DETAILS OF WRITE-INS**

3401. ....		0				0			0			
3402. ....		0				0			0			
3403. ....		0				0			0			
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.

**SCHEDULE F - PART 1**

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

1  Federal ID Number	2  NAIC Company Code	3   Name of Reinsured	4  Domiciliary Jurisdiction	5  Assumed Premium	Reinsurance On			9  Contingent Commissions Payable	10  Assumed Premiums Receivable	11  Unearned Premium	12  Funds Held by or Deposited With Reinsured Companies	13  Letters of Credit Posted	14  Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15  Amount of Assets Pledged or Collateral Held in Trust
					6  Paid Losses and Loss Adjustment Expenses	7  Known Case Losses and LAE	8  Cols. 6 + 7							
Affiliated - U. S. Intercompany Pooling:														
34-1524319..	16322.....	Progressive Direct Insurance Company.....	OH.....	.....204,169	.....1,492	.....65,268	.....66,760	.....	.....	.....54,213	.....	N.....	.....	.....
0199999.	Affiliated - U. S. Intercompany Pooling.....			.....204,169	.....1,492	.....65,268	.....66,760	.....0	.....0	.....54,213	.....0	.....0	.....0	.....0
0499999.	Total Affiliates.....			.....204,169	.....1,492	.....65,268	.....66,760	.....0	.....0	.....54,213	.....0	.....0	.....0	.....0
9999999.	Totals.....			.....204,169	.....1,492	.....65,268	.....66,760	.....0	.....0	.....54,213	.....0	.....0	.....0	.....0



SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 Federal ID Number	2 NAIC Company Code	3  Name of Company	4  Date of Contract	5  Original Premium	6  Reinsurance Premium
------------------------------	------------------------------	--------------------------	---------------------------	---------------------------	------------------------------

NONE

SCHEDULE F - PART 3

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

1  Federal ID Number	2  NAIC Company Code	3  Name of Reinsurer	4  Domiciliary Jurisdiction	5  Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6  Reinsurance Premiums Ceded	Reinsurance Recoverable on									Reinsurance Payable		18  Net Amount Recoverable From Reinsurers Col. 15-[16+17]	19  Funds Held By Company Under Reinsurance Treaties
						7	8	9	10	11	12	13	14	15	16	17		
						Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers		
Authorized Affiliates-U.S. Intercompany Pooling																		
34-1524319	16322...	Progressive Direct Insurance Company.....	OH.....	.....	.....646,887	.....3,524	.....416	.....151,222	.....39,549	.....36,114	.....5,064	.....170,438	.....	.....406,327	.....1,810	.....	.....404,517	.....
0199999	Total Authorized Affiliates - U.S. Intercompany Pooling.....				.....646,887	.....3,524	.....416	.....151,222	.....39,549	.....36,114	.....5,064	.....170,438	.....0	.....406,327	.....1,810	.....0	.....404,517	.....0
0499999	Total Authorized Affiliates.....				.....646,887	.....3,524	.....416	.....151,222	.....39,549	.....36,114	.....5,064	.....170,438	.....0	.....406,327	.....1,810	.....0	.....404,517	.....0
0999999	Total Authorized.....				.....646,887	.....3,524	.....416	.....151,222	.....39,549	.....36,114	.....5,064	.....170,438	.....0	.....406,327	.....1,810	.....0	.....404,517	.....0
1999999	Total Authorized and Unauthorized.....				.....646,887	.....3,524	.....416	.....151,222	.....39,549	.....36,114	.....5,064	.....170,438	.....0	.....406,327	.....1,810	.....0	.....404,517	.....0
9999999	Totals.....				.....646,887	.....3,524	.....416	.....151,222	.....39,549	.....36,114	.....5,064	.....170,438	.....0	.....406,327	.....1,810	.....0	.....404,517	.....0

Note A: Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000.

1  Name of Reinsurer	2  Commission Rate	3  Ceded Premium
(1) .....	.....	.....
(2) .....	.....	.....
(3) .....	.....	.....
(4) .....	.....	.....
(5) .....	.....	.....

Note B: Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1  Name of Reinsurer	2  Total Recoverables	3  Ceded Premiums	4  Affiliated	
(1) Progressive Direct Insurance Company.....	.....406,327	.....646,887	Yes [ X ]	No [   ]
(2) .....	.....	.....	Yes [   ]	No [   ]
(3) .....	.....	.....	Yes [   ]	No [   ]
(4) .....	.....	.....	Yes [   ]	No [   ]
(5) .....	.....	.....	Yes [   ]	No [   ]

SCHEDULE F - PART 4

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

1  Federal ID Number	2  NAIC Company Code	3   Name of Reinsurer	4   Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12  Percentage Overdue Col. 10 / Col. 11	13  Percentage More Than 120 Days Overdue Col. 9 / Col. 11
				5  Current	Overdue					11  Total Due Cols. 5 + 10		
					6  1 to 29 Days	7  30 to 90 Days	8  91 to 120 Days	9  Over 120 Days	10  Total Overdue Cols. 6 + 7 + 8 + 9			
Authorized Affiliates-U.S. Intercompany Pooling												
34-1524319..	16322.....	Progressive Direct Insurance Company.....	OH.....	.....3,940	.....	.....	.....	.....	.....0	.....3,940	.....0.0	.....0.0
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling.....			.....3,940	.....0	.....0	.....0	.....0	.....0	.....3,940	.....0.0	.....0.0
0499999.	Total Authorized - Affiliates.....			.....3,940	.....0	.....0	.....0	.....0	.....0	.....3,940	.....0.0	.....0.0
0999999.	Total Authorized.....			.....3,940	.....0	.....0	.....0	.....0	.....0	.....3,940	.....0.0	.....0.0
1999999.	Total Authorized and Unauthorized.....			.....3,940	.....0	.....0	.....0	.....0	.....0	.....3,940	.....0.0	.....0.0
9999999.	Totals.....			.....3,940	.....0	.....0	.....0	.....0	.....0	.....3,940	.....0.0	.....0.0

**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).....	117,953,427		117,953,427
2. Premiums and considerations (Line 15).....	113,624,358		113,624,358
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)....	3,939,994	(3,939,994)	0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			0
5. Other assets.....	33,964,661		33,964,661
6. Net amount recoverable from reinsurers.....		404,517,236	404,517,236
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	269,482,440	400,577,242	670,059,682
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	81,223,796	231,949,000	313,172,796
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	3,545,797		3,545,797
11. Unearned premiums (Line 9).....	54,213,475	170,438,000	224,651,475
12. Advance premiums (Line 10).....	3,001,407		3,001,407
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....	1,809,758	(1,809,758)	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.....	20,652,090		20,652,090
19. Total liabilities excluding protected cell business (Line 26).....	164,446,323	400,577,242	565,023,565
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	105,036,117	XXX.....	105,036,117
22. Totals (Line 38).....	269,482,440	400,577,242	670,059,682

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

If yes, give full explanation:

See Notes to Financials #26.

Sch. H-Pt. 1  
NONE

Sch. H-Pt. 2  
NONE

Sch. H-Pt. 3  
NONE

Sch. H-Pt. 4  
NONE

Sch. H-Pt. 5  
NONE

**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.....	.....160.....	.....156.....	.....4	.....110	.....102	.....5	.....4	.....18	.....18	.....2	.....9	.....25
3. 2003.....	.....96.....	.....94.....	.....2	.....70	.....67	.....0	.....1	.....21	.....17	.....1	.....6	.....12
4. 2004.....	.....2.....	.....1.....	.....1	.....1	.....2			.....0	.....0		.....(0)	.....0
5. 2005.....	.....26.....	.....0.....	.....26	.....11	.....2	.....1	.....0	.....2	.....(1)	.....0	.....12	.....8
6. 2006.....	.....60.....	.....0.....	.....59	.....59	.....1	.....3	.....0	.....11		.....0	.....72	.....29
7. 2007.....	.....81.....	.....1.....	.....81	.....37	.....(1)	.....1	.....0	.....12		.....1	.....51	.....21
8. 2008.....	.....98.....	.....1.....	.....97	.....64	.....(0)	.....0		.....18		.....1	.....82	.....42
9. 2009.....	.....110.....	.....1.....	.....110	.....106	.....(0)	.....0		.....22		.....0	.....129	.....61
10. 2010.....	.....121.....	.....1.....	.....120	.....62		.....1		.....9			.....71	.....27
11. 2011.....	.....130.....	.....1.....	.....129	.....70		.....0		.....14		.....0	.....85	.....43
12. Totals.....	.....XXX.....	.....XXX.....	.....XXX.....	.....591	.....173	.....11	.....5	.....128	.....34	.....5	.....518	.....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	.....0	.....
6. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....
7. 2007.....	.....0	.....	.....	.....	.....0	.....	.....	.....	.....0	.....	.....0	.....1	.....0
8. 2008.....	.....0	.....	.....0	.....	.....0	.....	.....0	.....	.....0	.....	.....0	.....1	.....0
9. 2009.....	.....0	.....	.....0	.....	.....0	.....	.....0	.....	.....0	.....	.....0	.....1	.....0
10. 2010.....	.....	.....	.....1	.....	.....	.....	.....0	.....	.....0	.....	.....0	.....1	.....
11. 2011....	.....14	.....	.....4	.....	.....1	.....	.....0	.....	.....1	.....	.....0	.....20	.....1
12. Totals...	.....15	.....0	.....5	.....0	.....1	.....0	.....1	.....0	.....1	.....0	.....0	.....23	.....1

	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	36
										Losses Unpaid	Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....			.....XXX.....	.....0	.....0
2. 2002.	.....133	.....124	.....9	.....83.5	.....79.6	.....232.1			.....4.00	.....0	.....0
3. 2003.	.....91	.....85	.....6	.....94.5	.....90.4	.....257.0			.....4.00	.....0	.....0
4. 2004.	.....1	.....2	.....(0)	.....89.6	.....201.3	.....(81.8)			.....4.00	.....0	.....0
5. 2005.	.....14	.....1	.....12	.....52.9	.....596.9	.....47.9			.....4.00	.....0	.....0
6. 2006.	.....73	.....1	.....72	.....122.6	.....185.0	.....122.2			.....4.00	.....0	.....0
7. 2007.	.....51	.....(1)	.....52	.....62.2	.....(181.9)	.....63.9			.....4.00	.....0	.....0
8. 2008.	.....83	.....(0)	.....83	.....84.9	.....(0.5)	.....85.4			.....4.00	.....0	.....0
9. 2009.	.....130	.....(0)	.....130	.....117.7	.....(5.4)	.....118.5			.....4.00	.....1	.....0
10. 2010.	.....72	.....0	.....72	.....59.5	.....0.0	.....59.9			.....4.00	.....1	.....0
11. 2011.	.....104	.....0	.....104	.....80.3	.....0.0	.....80.9			.....4.00	.....18	.....2
12. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....20	.....3

**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.....	.....32.....	.....	.....1.....	.....	.....1.....	.....	.....3.....	.....34.....	.....XXX.....
2. 2002.....	.....33,005.....	.....27,363.....	.....5,642.....	.....17,403.....	.....14,974.....	.....861.....	.....595.....	.....3,634.....	.....3,011.....	.....259.....	.....3,317.....	.....8,132.....
3. 2003.....	.....42,467.....	.....35,972.....	.....6,495.....	.....20,973.....	.....18,614.....	.....890.....	.....916.....	.....4,396.....	.....3,807.....	.....563.....	.....2,923.....	.....9,833.....
4. 2004.....	.....58,377.....	.....0.....	.....58,377.....	.....28,834.....	.....2.....	.....1,363.....	.....	.....6,103.....	.....0.....	.....903.....	.....36,298.....	.....13,102.....
5. 2005.....	.....73,894.....	.....589.....	.....73,305.....	.....38,058.....	.....477.....	.....1,731.....	.....1.....	.....7,835.....	.....39.....	.....1,039.....	.....47,108.....	.....14,989.....
6. 2006.....	.....83,661.....	.....1,023.....	.....82,639.....	.....42,973.....	.....498.....	.....1,805.....	.....1.....	.....8,619.....	.....0.....	.....1,146.....	.....52,898.....	.....16,362.....
7. 2007.....	.....87,845.....	.....1,295.....	.....86,550.....	.....48,212.....	.....567.....	.....1,892.....	.....1.....	.....8,617.....	.....	.....1,300.....	.....58,153.....	.....18,112.....
8. 2008.....	.....91,875.....	.....1,352.....	.....90,523.....	.....50,073.....	.....574.....	.....1,616.....	.....0.....	.....9,382.....	.....	.....1,338.....	.....60,498.....	.....19,445.....
9. 2009.....	.....105,009.....	.....1,678.....	.....103,330.....	.....55,431.....	.....661.....	.....1,385.....	.....1.....	.....9,706.....	.....	.....1,501.....	.....65,860.....	.....22,253.....
10. 2010.....	.....120,206.....	.....2,035.....	.....118,171.....	.....57,394.....	.....821.....	.....920.....	.....1.....	.....10,125.....	.....	.....1,510.....	.....67,617.....	.....25,385.....
11. 2011.....	.....132,809.....	.....2,610.....	.....130,200.....	.....37,757.....	.....541.....	.....236.....	.....0.....	.....7,514.....	.....	.....838.....	.....44,966.....	.....24,590.....
12. Totals.....	.....XXX.....	.....XXX.....	.....XXX.....	.....397,141.....	.....37,728.....	.....12,700.....	.....1,515.....	.....75,932.....	.....6,857.....	.....10,400.....	.....439,672.....	.....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.....	.....3.....	.....	.....	.....	.....1.....	.....	.....	.....	.....0.....	.....	.....	.....4.....	.....0.....
2. 2002.....	.....12.....	.....	.....0.....	.....	.....1.....	.....	.....	.....	.....0.....	.....	.....	.....14.....	.....0.....
3. 2003.....	.....9.....	.....	.....3.....	.....	.....2.....	.....	.....	.....	.....1.....	.....	.....3.....	.....14.....	.....1.....
4. 2004.....	.....47.....	.....	.....4.....	.....	.....5.....	.....	.....	.....	.....2.....	.....	.....8.....	.....58.....	.....2.....
5. 2005.....	.....681.....	.....509.....	.....4.....	.....	.....15.....	.....	.....	.....	.....6.....	.....	.....16.....	.....197.....	.....5.....
6. 2006.....	.....250.....	.....28.....	.....5.....	.....	.....37.....	.....	.....	.....	.....15.....	.....	.....27.....	.....278.....	.....10.....
7. 2007.....	.....813.....	.....242.....	.....7.....	.....	.....98.....	.....	.....	.....	.....39.....	.....	.....52.....	.....716.....	.....29.....
8. 2008.....	.....2,613.....	.....717.....	.....860.....	.....302.....	.....314.....	.....	.....109.....	.....	.....143.....	.....	.....109.....	.....3,020.....	.....83.....
9. 2009.....	.....5,947.....	.....401.....	.....1,819.....	.....337.....	.....1,048.....	.....	.....185.....	.....	.....514.....	.....	.....278.....	.....8,775.....	.....272.....
10. 2010.....	.....14,648.....	.....1,964.....	.....3,105.....	.....208.....	.....1,768.....	.....	.....391.....	.....	.....1,504.....	.....	.....753.....	.....19,245.....	.....771.....
11. 2011.....	.....29,227.....	.....1,100.....	.....10,659.....	.....940.....	.....2,100.....	.....	.....817.....	.....	.....4,604.....	.....	.....1,675.....	.....45,367.....	.....3,680.....
12. Totals...	.....54,250.....	.....4,961.....	.....16,466.....	.....1,786.....	.....5,390.....	.....0.....	.....1,502.....	.....0.....	.....6,828.....	.....0.....	.....2,920.....	.....77,689.....	.....4,854.....

	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	36
										Losses Unpaid	Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....			.....XXX.....	.....3.....	.....1.....
2. 2002.	.....21,911.....	.....18,579.....	.....3,331.....	.....66.4.....	.....67.9.....	.....59.0.....			.....4.00.....	.....12.....	.....1.....
3. 2003.	.....26,274.....	.....23,337.....	.....2,937.....	.....61.9.....	.....64.9.....	.....45.2.....			.....4.00.....	.....12.....	.....3.....
4. 2004.	.....36,358.....	.....2.....	.....36,356.....	.....62.3.....	.....935.5.....	.....62.3.....			.....4.00.....	.....50.....	.....8.....
5. 2005.	.....48,331.....	.....1,025.....	.....47,305.....	.....65.4.....	.....174.1.....	.....64.5.....			.....4.00.....	.....176.....	.....21.....
6. 2006.	.....53,703.....	.....527.....	.....53,176.....	.....64.2.....	.....51.6.....	.....64.3.....			.....4.00.....	.....226.....	.....52.....
7. 2007.	.....59,679.....	.....810.....	.....58,869.....	.....67.9.....	.....62.6.....	.....68.0.....			.....4.00.....	.....579.....	.....137.....
8. 2008.	.....65,111.....	.....1,593.....	.....63,518.....	.....70.9.....	.....117.8.....	.....70.2.....			.....4.00.....	.....2,454.....	.....566.....
9. 2009.	.....76,035.....	.....1,400.....	.....74,635.....	.....72.4.....	.....83.4.....	.....72.2.....			.....4.00.....	.....7,028.....	.....1,747.....
10. 2010.	.....89,855.....	.....2,993.....	.....86,862.....	.....74.8.....	.....147.1.....	.....73.5.....			.....4.00.....	.....15,582.....	.....3,663.....
11. 2011.	.....92,914.....	.....2,581.....	.....90,332.....	.....70.0.....	.....98.9.....	.....69.4.....			.....4.00.....	.....37,846.....	.....7,521.....
12. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....XXX.....	.....63,968.....	.....13,720.....



**SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK 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).....	.....	.....	.....	.....	.....	.....0.....	.....(0).....	.....XXX.....
2. 2002.....	.....1,000.....	.....390.....	.....610.....	.....439.....	.....152.....	.....33.....	.....9.....	.....66.....	.....25.....	.....7.....	.....352.....	.....119.....
3. 2003.....	.....1,362.....	.....546.....	.....816.....	.....612.....	.....233.....	.....40.....	.....16.....	.....80.....	.....31.....	.....7.....	.....452.....	.....140.....
4. 2004.....	.....1,637.....	.....	.....1,637.....	.....650.....	.....0.....	.....61.....	.....0.....	.....118.....	.....	.....10.....	.....829.....	.....152.....
5. 2005.....	.....1,702.....	.....	.....1,702.....	.....987.....	.....	.....66.....	.....	.....96.....	.....	.....16.....	.....1,149.....	.....149.....
6. 2006.....	.....1,082.....	.....	.....1,082.....	.....542.....	.....	.....48.....	.....	.....62.....	.....	.....6.....	.....653.....	.....94.....
7. 2007.....	.....699.....	.....	.....699.....	.....325.....	.....	.....16.....	.....	.....52.....	.....	.....3.....	.....393.....	.....65.....
8. 2008.....	.....410.....	.....	.....410.....	.....143.....	.....	.....5.....	.....	.....25.....	.....	.....2.....	.....172.....	.....39.....
9. 2009.....	.....496.....	.....	.....496.....	.....169.....	.....	.....10.....	.....	.....28.....	.....	.....5.....	.....208.....	.....46.....
10. 2010.....	.....693.....	.....	.....693.....	.....235.....	.....	.....14.....	.....	.....34.....	.....	.....2.....	.....283.....	.....63.....
11. 2011.....	.....888.....	.....	.....888.....	.....128.....	.....	.....1.....	.....	.....27.....	.....	.....2.....	.....156.....	.....70.....
12. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....4,229.....	.....385.....	.....294.....	.....26.....	.....590.....	.....55.....	.....60.....	.....4,648.....	.....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.....	.....0.....	.....
4. 2004.....	.....0.....	.....	.....	.....	.....0.....	.....	.....	.....	.....0.....	.....	.....0.....	.....0.....	.....0.....
5. 2005.....	.....33.....	.....	.....	.....	.....2.....	.....	.....	.....	.....1.....	.....	.....0.....	.....35.....	.....0.....
6. 2006.....	.....3.....	.....	.....	.....	.....1.....	.....	.....	.....	.....0.....	.....	.....0.....	.....4.....	.....0.....
7. 2007.....	.....18.....	.....	.....	.....	.....2.....	.....	.....	.....	.....1.....	.....	.....0.....	.....20.....	.....0.....
8. 2008.....	.....16.....	.....	.....2.....	.....	.....2.....	.....	.....1.....	.....	.....1.....	.....	.....0.....	.....22.....	.....0.....
9. 2009.....	.....48.....	.....	.....7.....	.....	.....9.....	.....	.....1.....	.....	.....3.....	.....	.....2.....	.....68.....	.....1.....
10. 2010.....	.....290.....	.....	.....21.....	.....	.....34.....	.....	.....3.....	.....	.....15.....	.....	.....2.....	.....363.....	.....4.....
11. 2011.....	.....406.....	.....	.....87.....	.....	.....37.....	.....	.....7.....	.....	.....37.....	.....	.....4.....	.....574.....	.....14.....
12. Totals...	.....814.....	.....0.....	.....118.....	.....0.....	.....86.....	.....0.....	.....12.....	.....0.....	.....58.....	.....0.....	.....9.....	.....1,087.....	.....19.....

	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.	.....538.....	.....186.....	.....352.....	.....53.8.....	.....47.7.....	.....57.7.....			.....4.00.....	.....0.....	.....0.....
3. 2003.	.....732.....	.....280.....	.....452.....	.....53.7.....	.....51.2.....	.....55.4.....			.....4.00.....	.....0.....	.....0.....
4. 2004.	.....829.....	.....0.....	.....829.....	.....50.7.....	.....0.0.....	.....50.7.....			.....4.00.....	.....0.....	.....0.....
5. 2005.	.....1,184.....	.....0.....	.....1,184.....	.....69.5.....	.....0.0.....	.....69.5.....			.....4.00.....	.....33.....	.....2.....
6. 2006.	.....657.....	.....0.....	.....657.....	.....60.7.....	.....0.0.....	.....60.7.....			.....4.00.....	.....3.....	.....1.....
7. 2007.	.....414.....	.....0.....	.....414.....	.....59.2.....	.....0.0.....	.....59.2.....			.....4.00.....	.....18.....	.....2.....
8. 2008.	.....194.....	.....0.....	.....194.....	.....47.4.....	.....0.0.....	.....47.4.....			.....4.00.....	.....18.....	.....3.....
9. 2009.	.....276.....	.....0.....	.....276.....	.....55.6.....	.....0.0.....	.....55.6.....			.....4.00.....	.....55.....	.....13.....
10. 2010.	.....647.....	.....0.....	.....647.....	.....93.2.....	.....0.0.....	.....93.2.....			.....4.00.....	.....311.....	.....52.....
11. 2011.	.....730.....	.....0.....	.....730.....	.....82.2.....	.....0.0.....	.....82.2.....			.....4.00.....	.....493.....	.....81.....
12. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....XXX.....	.....932.....	.....155.....

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

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

(\$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.....	.....29.....	.....23.....	.....6.....	.....4.....	.....3.....	.....2.....	.....0.....	.....1.....	.....0.....	.....0.....	.....3.....	.....2.....
3. 2003.....	.....47.....	.....38.....	.....8.....	.....25.....	.....18.....	.....3.....	.....1.....	.....3.....	.....1.....	.....0.....	.....11.....	.....3.....
4. 2004.....	.....97.....		.....97.....	.....20.....		.....1.....		.....3.....		.....0.....	.....23.....	.....7.....
5. 2005.....	.....179.....		.....179.....	.....99.....		.....9.....		.....19.....		.....0.....	.....127.....	.....16.....
6. 2006.....	.....297.....		.....297.....	.....63.....		.....9.....		.....9.....		.....1.....	.....81.....	.....19.....
7. 2007.....	.....417.....		.....417.....	.....151.....		.....8.....		.....14.....		.....1.....	.....173.....	.....25.....
8. 2008.....	.....505.....		.....505.....	.....177.....		.....6.....		.....17.....		.....1.....	.....201.....	.....32.....
9. 2009.....	.....652.....		.....652.....	.....190.....		.....8.....		.....23.....		.....2.....	.....221.....	.....39.....
10. 2010.....	.....773.....		.....773.....	.....155.....		.....3.....		.....20.....		.....1.....	.....178.....	.....44.....
11. 2011.....	.....841.....		.....841.....	.....188.....		.....2.....		.....18.....		.....1.....	.....208.....	.....43.....
12. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....1,072.....	.....21.....	.....50.....	.....1.....	.....128.....	.....2.....	.....9.....	.....1,227.....	.....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.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0.....	.....
4. 2004.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0.....	.....
5. 2005.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0.....	.....
6. 2006.....	.....1.....	.....	.....	.....	.....1.....	.....	.....	.....	.....0.....	.....	.....	.....2.....	.....0.....
7. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0.....	.....0.....	.....
8. 2008.....	.....4.....	.....	.....1.....	.....	.....1.....	.....	.....0.....	.....	.....0.....	.....	.....0.....	.....6.....	.....0.....
9. 2009.....	.....45.....	.....	.....4.....	.....	.....9.....	.....	.....1.....	.....	.....1.....	.....	.....0.....	.....59.....	.....1.....
10. 2010.....	.....43.....	.....	.....9.....	.....	.....11.....	.....	.....2.....	.....	.....2.....	.....	.....0.....	.....67.....	.....1.....
11. 2011.....	.....129.....	.....	.....51.....	.....	.....12.....	.....	.....2.....	.....	.....11.....	.....	.....1.....	.....205.....	.....4.....
12. Totals...	.....222.....	.....0.....	.....65.....	.....0.....	.....32.....	.....0.....	.....6.....	.....0.....	.....15.....	.....0.....	.....1.....	.....339.....	.....6.....

	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.	.....7.....	.....3.....	.....3.....	.....22.8.....	.....15.0.....	.....55.3.....			.....4.00.....	.....0.....	.....0.....
3. 2003.	.....31.....	.....20.....	.....11.....	.....66.6.....	.....51.8.....	.....134.0.....			.....4.00.....	.....0.....	.....0.....
4. 2004.	.....23.....	.....0.....	.....23.....	.....24.2.....	.....0.0.....	.....24.2.....			.....4.00.....	.....0.....	.....0.....
5. 2005.	.....127.....	.....0.....	.....127.....	.....71.1.....	.....0.0.....	.....71.1.....			.....4.00.....	.....0.....	.....0.....
6. 2006.	.....83.....	.....0.....	.....83.....	.....27.9.....	.....0.0.....	.....27.9.....			.....4.00.....	.....1.....	.....1.....
7. 2007.	.....173.....	.....0.....	.....173.....	.....41.5.....	.....0.0.....	.....41.5.....			.....4.00.....	.....0.....	.....0.....
8. 2008.	.....207.....	.....0.....	.....207.....	.....40.9.....	.....0.0.....	.....40.9.....			.....4.00.....	.....5.....	.....1.....
9. 2009.	.....280.....	.....0.....	.....280.....	.....43.0.....	.....0.0.....	.....43.0.....			.....4.00.....	.....48.....	.....11.....
10. 2010.	.....245.....	.....0.....	.....245.....	.....31.8.....	.....0.0.....	.....31.8.....			.....4.00.....	.....52.....	.....15.....
11. 2011.	.....413.....	.....0.....	.....413.....	.....49.1.....	.....0.0.....	.....49.1.....			.....4.00.....	.....179.....	.....25.....
12. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....XXX.....	.....286.....	.....53.....

**SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**  
(\$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.....	.....10.....	.....9.....	.....1.....		.....11.....		.....0.....		.....1.....		.....(12)	
3. 2003.....	.....10.....	.....9.....	.....1.....		.....11.....		.....0.....		.....1.....		.....(12)	
4. 2004.....	.....10.....		.....10.....								.....0	
5. 2005.....	.....10.....		.....10.....								.....0	
6. 2006.....	.....10.....		.....10.....	.....32.....				.....0.....			.....32	.....0
7. 2007.....	.....10.....		.....10.....	.....84.....				.....0.....			.....84	.....0
8. 2008.....	.....10.....		.....10.....								.....0	
9. 2009.....	.....10.....		.....10.....								.....0	
10. 2010.....	.....10.....		.....10.....								.....0	
11. 2011.....	.....10.....		.....10.....								.....0	
12. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....116.....	.....22.....	.....0.....	.....1.....	.....1.....	.....1.....	.....0.....	.....92.....	....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.....			.....7.....				.....1.....		.....1.....			.....9.....	
9. 2009.....			.....8.....				.....1.....		.....1.....			.....10.....	
10. 2010.....			.....7.....				.....1.....		.....2.....			.....10.....	
11. 2011.....			.....7.....				.....1.....		.....2.....			.....10.....	
12. Totals...	.....0.....	.....0.....	.....28.....	.....0.....	.....0.....	.....0.....	.....4.....	.....0.....	.....6.....	.....0.....	.....0.....	.....38.....	.....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.....	.....12.....	.....(12).....	.....0.0.....	.....135.8.....	.....(1,222.1).....			.....4.00.....	.....0	.....0
3. 2003.	.....0.....	.....12.....	.....(12).....	.....0.0.....	.....125.8.....	.....(1,131.9).....			.....4.00.....	.....0	.....0
4. 2004.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....			.....4.00.....	.....0	.....0
5. 2005.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....			.....4.00.....	.....0	.....0
6. 2006.	.....32.....	.....0.....	.....32.....	.....325.3.....	.....0.0.....	.....325.3.....			.....4.00.....	.....0	.....0
7. 2007.	.....84.....	.....0.....	.....84.....	.....840.8.....	.....0.0.....	.....840.8.....			.....4.00.....	.....0	.....0
8. 2008.	.....9.....	.....0.....	.....9.....	.....86.1.....	.....0.0.....	.....86.1.....			.....4.00.....	.....7	.....2
9. 2009.	.....10.....	.....0.....	.....10.....	.....100.3.....	.....0.0.....	.....100.3.....			.....4.00.....	.....8	.....2
10. 2010.	.....10.....	.....0.....	.....10.....	.....98.8.....	.....0.0.....	.....98.8.....			.....4.00.....	.....7	.....3
11. 2011.	.....10.....	.....0.....	.....10.....	.....98.8.....	.....0.0.....	.....98.8.....			.....4.00.....	.....7	.....3
12. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....28	.....10

**SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY AND THEFT)**  
(\$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		.....1		.....5	.....6	.....XXX.....
2. 2010.....	.....1,731		.....1,731	.....895		.....6		.....137		.....62	.....1,038	.....XXX.....
3. 2011.....	.....1,969		.....1,969	.....962		.....2		.....152		.....39	.....1,116	.....XXX.....
4. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....1,859	.....0	.....11	.....0	.....290	.....0	.....107	.....2,160	.....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24 Total Net Losses and Expenses Unpaid	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. Prior.....	.....6	.....	.....1	.....	.....0	.....	.....0	.....	.....0	.....	.....3	.....8	.....0
2. 2010...	.....1	.....	.....5	.....	.....0	.....	.....2	.....	.....0	.....	.....6	.....9	.....0
3. 2011...	.....42	.....	.....51	.....	.....4	.....	.....4	.....	.....10	.....	.....38	.....110	.....8
4. Totals...	.....49	.....0	.....58	.....0	.....4	.....0	.....6	.....0	.....10	.....0	.....47	.....127	.....8

	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.....	.....7	.....0
2. 2010	.....1,047	.....0	.....1,047	.....60.5	.....0.0	.....60.5			.....4.00	.....6	.....2
3. 2011	.....1,227	.....0	.....1,227	.....62.3	.....0.0	.....62.3			.....4.00	.....93	.....18
4. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....106	.....20

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.....	.....(99)	.....	.....47	.....	.....28	.....	.....220	.....(24)	.....XXX.....
2. 2010.....	.....63,255		.....63,255	41,583		.....52		7,232		10,585	48,867	51,250
3. 2011.....	.....66,151		.....66,151	46,836		.....37		7,253		8,288	54,125	55,636
4. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	88,320	.....0	.....136	.....0	14,512	.....0	19,092	102,968	.....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.....	.....10	.....	.....(166)	.....	.....8	.....	.....	.....	.....3	.....	.....238	.....(146)	.....2
2. 2010...	.....14	.....	.....(246)	.....	.....10	.....	.....1	.....	.....27	.....	.....334	.....(193)	.....6
3. 2011...	.....2,096	.....	.....(1,660)	.....	.....71	.....	.....51	.....	.....210	.....	.....4,042	.....768	.....1,045
4. Totals...	.....2,120	.....0	.....(2,071)	.....0	.....89	.....0	.....52	.....0	.....240	.....0	.....4,614	.....429	.....1,054

	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.....	.....(157)	.....10
2. 2010	.....48,673	.....0	.....48,673	.....76.9	.....0.0	.....76.9	.....	.....	.....4.00	.....(232)	.....38
3. 2011	.....54,893	.....0	.....54,893	.....83.0	.....0.0	.....83.0	.....	.....	.....4.00	.....436	.....332
4. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....48	.....380

Sch. P-Pt. 1K  
NONE

Sch. P-Pt. 1L  
NONE

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	.....1	.....1	.....1	.....1	.....1	.....1	.....1	.....1	.....1	.....0	.....0
2. 2002.....	.....3	.....1	.....5	.....10	.....11	.....9	.....9	.....9	.....9	.....9	.....0	.....0
3. 2003.....	XXX.....	.....3	.....3	.....3	.....2	.....2	.....2	.....2	.....2	.....2	.....0	.....0
4. 2004.....	XXX.....	XXX.....	.....(1)	.....(0)	.....(0)	.....(0)	.....(0)	.....(0)	.....(0)	.....(0)	.....0	.....0
5. 2005.....	XXX.....	XXX.....	XXX.....	.....8	.....7	.....7	.....9	.....10	.....10	.....10	.....0	.....(0)
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....	.....57	.....60	.....60	.....62	.....61	.....61	.....0	.....(1)
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....36	.....39	.....40	.....39	.....40	.....0	.....(0)
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....65	.....66	.....65	.....65	.....(0)	.....(1)
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....111	.....112	.....107	.....(5)	.....(3)
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....57	.....63	.....6	XXX.....
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....89	XXX.....	XXX.....
12. Totals											.....1	.....(5)

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

1. Prior.....	.....1,121	.....1,073	.....988	.....1,024	.....985	.....999	.....986	.....955	.....957	.....954	.....(3)	.....(1)
2. 2002.....	.....3,294	.....3,254	.....3,133	.....2,785	.....2,692	.....2,693	.....2,691	.....2,689	.....2,692	.....2,708	.....16	.....18
3. 2003.....	XXX.....	.....3,543	.....3,452	.....2,846	.....2,423	.....2,401	.....2,344	.....2,352	.....2,359	.....2,347	.....(12)	.....(5)
4. 2004.....	XXX.....	XXX.....	.....31,933	.....30,988	.....30,506	.....30,277	.....30,117	.....30,161	.....30,161	.....30,251	.....91	.....91
5. 2005.....	XXX.....	XXX.....	XXX.....	.....40,628	.....40,004	.....40,172	.....39,847	.....39,449	.....39,441	.....39,503	.....62	.....54
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....	.....44,671	.....45,225	.....45,620	.....45,020	.....44,588	.....44,543	.....(45)	.....(477)
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....51,367	.....51,890	.....51,590	.....51,049	.....50,213	.....(836)	.....(1,378)
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....55,730	.....55,299	.....54,802	.....53,992	.....(809)	.....(1,306)
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....67,769	.....65,222	.....64,416	.....(806)	.....(3,353)
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....76,171	.....75,232	.....(939)	XXX.....
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....78,215	XXX.....	XXX.....
12. Totals											.....(3,282)	.....(6,356)

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

1. Prior.....	.....229	.....223	.....164	.....174	.....170	.....183	.....179	.....177	.....177	.....177	.....(0)	.....(0)
2. 2002.....	.....377	.....338	.....337	.....316	.....315	.....323	.....313	.....313	.....311	.....311	.....(0)	.....(2)
3. 2003.....	XXX.....	.....437	.....485	.....429	.....381	.....406	.....367	.....391	.....402	.....403	.....1	.....12
4. 2004.....	XXX.....	XXX.....	.....773	.....777	.....777	.....754	.....707	.....719	.....711	.....711	.....(0)	.....(8)
5. 2005.....	XXX.....	XXX.....	XXX.....	.....898	.....1,000	.....1,022	.....1,050	.....1,073	.....1,089	.....1,087	.....(2)	.....14
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....	.....529	.....537	.....651	.....648	.....607	.....594	.....(13)	.....(54)
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....351	.....305	.....339	.....358	.....361	.....3	.....22
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....184	.....171	.....181	.....168	.....(13)	.....(3)
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....304	.....249	.....244	.....(5)	.....(60)
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....535	.....598	.....63	XXX.....
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....665	XXX.....	XXX.....
12. Totals											.....33	.....(79)

**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.....	.....1	.....1	.....(1)	.....20	.....18	.....17	.....15	.....13	.....13	.....13	.....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

**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

**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

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

1. Prior.....	.....0	.....0	.....(0)	.....(0)	.....(0)	.....(0)	.....(0)	.....(0)	.....(0)	.....(0)	.....0	.....0
2. 2002.....	.....2	.....2	.....2	.....3	.....3	.....3	.....3	.....3	.....3	.....3	.....0	.....0
3. 2003.....	XXX	.....3	.....5	.....10	.....11	.....9	.....9	.....9	.....9	.....9	.....0	.....0
4. 2004.....	XXX	XXX	.....27	.....18	.....19	.....20	.....20	.....20	.....20	.....20	.....0	.....0
5. 2005.....	XXX	XXX	XXX	.....92	.....115	.....114	.....108	.....108	.....108	.....108	.....0	.....0
6. 2006.....	XXX	XXX	XXX	XXX	.....80	.....74	.....82	.....79	.....74	.....74	.....(1)	.....(5)
7. 2007.....	XXX	XXX	XXX	XXX	XXX	.....167	.....155	.....170	.....163	.....159	.....(4)	.....(11)
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	.....234	.....196	.....189	.....189	.....(0)	.....(6)
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....296	.....243	.....257	.....13	.....(39)
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....284	.....222	.....(62)	XXX.....
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....383	XXX.....	XXX.....
12. Totals											.....(54)	.....(62)

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

1. Prior.....	.....10	.....9	.....155	.....247	.....227	.....227	.....227	.....227	.....227	.....227	.....0	.....0
2. 2002.....	.....2	.....1	.....18	.....5	.....(12)	.....(12)	.....(12)	.....(12)	.....(12)	.....(12)	.....0	.....0
3. 2003.....	XXX	.....1	.....24	.....4	.....15	.....(11)	.....(11)	.....(11)	.....(11)	.....(11)	.....0	.....0
4. 2004.....	XXX	XXX	.....34	.....19	.....25	.....15					.....0	.....0
5. 2005.....	XXX	XXX	XXX	.....21	.....35	.....17	.....21				.....0	.....0
6. 2006.....	XXX	XXX	XXX	XXX	.....33	.....19	.....19	.....53	.....32	.....32	.....0	.....(21)
7. 2007.....	XXX	XXX	XXX	XXX	XXX	.....19	.....19	.....19	.....11	.....84	.....73	.....65
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	.....18	.....18	.....10	.....7	.....(3)	.....(10)
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....21	.....12	.....9	.....(4)	.....(12)
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....11	.....8	.....(3)	XXX.....
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....8	XXX.....	XXX.....
12. Totals											.....63	.....21

**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.....	.....119	.....94	.....94	.....(0)	.....(25)
2. 2010.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....934	.....910	.....(24)	....XXX.....
3. 2011.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....1,065	....XXX.....	....XXX.....
4. Totals											.....(24)	.....(25)

**SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE**

1. Prior.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....(174)	.....(229)	.....(23)	.....206	.....151
2. 2010.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....42,273	.....41,415	.....(858)	....XXX.....
3. 2011.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....47,430	....XXX.....	....XXX.....
4. Totals											.....(652)	.....151

**SCHEDULE P - PART 2K - FIDELITY/SURETY**

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

**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.....	....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.....	.....1	.....1	.....1	.....1	.....1	.....1	.....1	.....1	.....1	.....0	.....0
2. 2002.....	.....2	.....1	.....1	.....9	.....11	.....9	.....9	.....9	.....9	.....9	.....17	.....8
3. 2003.....	XXX.....	.....2	.....2	.....2	.....2	.....2	.....2	.....2	.....2	.....2	.....7	.....4
4. 2004.....	XXX.....	XXX.....	.....(1)	.....(0)	.....(0)	.....(0)	.....(0)	.....(0)	.....(0)	.....(0)	.....0	.....0
5. 2005.....	XXX.....	XXX.....	XXX.....	.....6	.....7	.....7	.....7	.....8	.....10	.....10	.....4	.....4
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....	.....40	.....44	.....58	.....60	.....61	.....61	.....20	.....9
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....31	.....38	.....39	.....39	.....39	.....11	.....10
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....54	.....63	.....64	.....64	.....25	.....17
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....96	.....98	.....107	.....41	.....19
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....48	.....62	.....16	.....11
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....70	.....27	.....15

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

1. Prior.....	.....000.....	.....593	.....88	.....588	.....777	.....865	.....909	.....913	.....916	.....950	.....381	.....87
2. 2002.....	.....1,589	.....2,546	.....871	.....1,883	.....2,364	.....2,582	.....2,646	.....2,666	.....2,677	.....2,694	.....5,047	.....3,085
3. 2003.....	XXX.....	.....1,731	.....(3,160)	.....(465)	.....1,160	.....1,922	.....2,195	.....2,289	.....2,325	.....2,333	.....6,398	.....3,434
4. 2004.....	XXX.....	XXX.....	.....15,023	.....22,653	.....26,418	.....28,524	.....29,527	.....29,907	.....30,054	.....30,196	.....8,371	.....4,729
5. 2005.....	XXX.....	XXX.....	XXX.....	.....19,175	.....30,268	.....35,383	.....38,002	.....38,882	.....39,195	.....39,312	.....9,488	.....5,497
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....	.....21,839	.....34,383	.....39,967	.....42,814	.....43,919	.....44,279	.....10,358	.....5,995
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....24,797	.....39,570	.....45,608	.....48,399	.....49,536	.....11,814	.....6,269
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....25,944	.....42,373	.....48,229	.....51,115	.....12,740	.....6,621
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....30,505	.....48,997	.....56,155	.....14,490	.....7,491
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....35,156	.....57,492	.....15,979	.....8,635
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....37,452	.....12,759	.....8,151

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

1. Prior.....	.....000.....	.....117	.....104	.....118	.....138	.....164	.....175	.....177	.....177	.....177	.....9	.....3
2. 2002.....	.....131	.....199	.....203	.....253	.....287	.....303	.....311	.....311	.....311	.....311	.....75	.....44
3. 2003.....	XXX.....	.....133	.....111	.....246	.....319	.....338	.....360	.....370	.....372	.....403	.....90	.....50
4. 2004.....	XXX.....	XXX.....	.....213	.....440	.....524	.....620	.....676	.....698	.....706	.....711	.....97	.....55
5. 2005.....	XXX.....	XXX.....	XXX.....	.....267	.....523	.....686	.....925	.....965	.....1,039	.....1,053	.....97	.....52
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....	.....150	.....264	.....433	.....540	.....581	.....590	.....59	.....35
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....116	.....163	.....238	.....283	.....341	.....40	.....25
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....57	.....105	.....114	.....147	.....25	.....14
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....70	.....140	.....179	.....29	.....16
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....99	.....249	.....40	.....19
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....129	.....37	.....19

**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.....	.....0	.....(12)	.....(8)	.....11	.....11	.....15	.....13	.....13	.....13	.....0	
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 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	XXX

NONE

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

1. Prior.....	.....000.....		.....(0)	.....(0)	.....(0)	.....(0)	.....(0)	.....(0)	.....(0)	.....(0)	.....0	.....0
2. 2002.....	.....1	.....2	.....2	.....2	.....2	.....3	.....3	.....3	.....3	.....3	.....1	.....1
3. 2003.....	XXX	1	(10)	(1)	0	5	9	9	9	9	2	1
4. 2004.....	XXX	XXX	11	13	17	17	20	20	20	20	4	3
5. 2005.....	XXX	XXX	XXX	40	71	94	107	108	108	108	11	5
6. 2006.....	XXX	XXX	XXX	XXX	25	46	63	69	71	72	9	11
7. 2007.....	XXX	XXX	XXX	XXX	XXX	66	116	132	154	159	14	10
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	76	148	182	183	20	12
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	106	176	198	24	14
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	101	158	27	16
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	190	24	15

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

1. Prior.....	.....000.....	.....4	.....7	.....187	.....227	.....227	.....227	.....227	.....227	.....227	.....0	
2. 2002.....			(12)	(12)	(12)	(12)	(12)	(12)	(12)	(12)		
3. 2003.....	XXX		(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)		
4. 2004.....	XXX	XXX										
5. 2005.....	XXX	XXX	XXX									
6. 2006.....	XXX	XXX	XXX	XXX				32	32	32	0	
7. 2007.....	XXX	XXX	XXX	XXX	XXX					84	0	
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 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.....	.....82	.....86	...XXX.....	...XXX.....
2. 2010....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....825	.....901	...XXX.....	...XXX.....
3. 2011....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....964	...XXX.....	...XXX.....

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

1. Prior....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	...000.....	.....178	.....126	.....2,513	.....481
2. 2010....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....41,441	.....41,635	.....39,578	.....11,665
3. 2011....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....46,872	.....42,283	.....12,307

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

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

1. Prior.....	.....189	.....66	.....85	.....37	.....32	.....32	.....32	.....34	.....32	
2. 2002.....	.....430	.....157	.....452	.....87	.....0	.....0	.....0	.....2	.....0	.....0
3. 2003.....	XXX.....	.....508	.....1,497	.....630	.....130	.....0	.....0	.....2	.....3	.....3
4. 2004.....	XXX.....	XXX.....	.....4,889	.....1,826	.....703	.....195	.....1	.....2	.....4	.....4
5. 2005.....	XXX.....	XXX.....	XXX.....	.....6,148	.....2,069	.....936	.....309	.....0	.....4	.....4
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....	.....6,941	.....2,375	.....1,159	.....435	.....4	.....5
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....7,756	.....2,551	.....1,264	.....644	.....7
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....9,004	.....2,779	.....1,479	.....667
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....10,379	.....3,148	.....1,668
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....10,375	.....3,288
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....10,536

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

1. Prior.....	.....24	.....8	.....3	.....0						
2. 2002.....	.....60	.....21	.....15	.....3						
3. 2003.....	XXX.....	.....79	.....46	.....23	.....3					
4. 2004.....	XXX.....	XXX.....	.....167	.....56	.....27	.....6				
5. 2005.....	XXX.....	XXX.....	XXX.....	.....161	.....58	.....25	.....7			
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....	.....88	.....33	.....16	.....5		
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....58	.....24	.....11	.....4	
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....40	.....15	.....6	.....3
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....59	.....18	.....8
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....71	.....25
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....94

**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.....	.....0	.....0	.....2	.....1						
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 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.....	.....0	.....0	.....0	.....0						
2. 2002.....	.....0	.....0	.....0							
3. 2003.....	....XXX.....	.....1	.....1	.....1					.....0	.....0
4. 2004.....	....XXX.....	....XXX.....	.....8	.....3	.....1					
5. 2005.....	....XXX.....	....XXX.....	....XXX.....	.....16	.....5	.....2	.....0			
6. 2006.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....25	.....7	.....2	.....1		
7. 2007.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....31	.....9	.....3	.....1	
8. 2008.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....38	.....11	.....2	.....1
9. 2009.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....46	.....9	.....5
10. 2010.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....57	.....11
11. 2011.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....53

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

1. Prior.....	.....10	.....5	.....86							
2. 2002.....	.....2	.....1	.....29	.....16						
3. 2003.....	....XXX.....	.....1	.....35	.....16	.....26					
4. 2004.....	....XXX.....	....XXX.....	.....34	.....19	.....25	.....15				
5. 2005.....	....XXX.....	....XXX.....	....XXX.....	.....21	.....35	.....17	.....21			
6. 2006.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....33	.....19	.....19	.....19		
7. 2007.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....19	.....19	.....19	.....11	
8. 2008.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....18	.....18	.....10	.....7
9. 2009.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....21	.....12	.....9
10. 2010.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....11	.....8
11. 2011.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....8

**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 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.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....42	.....7	.....1
2. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....46	.....7
3. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....55

**SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE**

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....(2,375)	.....(440)	.....(166)
2. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....(1,521)	.....(244)
3. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....(1,609)

**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.....	.....	.....	.....
2. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....
3. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....

**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**

**SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....	.....3	.....0	.....0							.....0
2. 2002.....	.....13	.....17	.....17	.....17	.....17	.....17	.....17	.....17	.....17	.....17
3. 2003.....	...XXX.....	.....7	.....7	.....7	.....7	.....7	.....7	.....7	.....7	.....7
4. 2004.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2005.....	...XXX.....	...XXX.....	...XXX.....	.....3	.....4	.....4	.....4	.....4	.....4	.....4
6. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....19	.....19	.....20	.....20	.....20	.....20
7. 2007.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....10	.....11	.....11	.....11	.....11
8. 2008.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....22	.....25	.....25	.....25
9. 2009.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....40	.....41	.....41
10. 2010.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....14	.....16
11. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....27

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....	.....0	.....0								
2. 2002.....	.....3	.....0	.....0	.....0						
3. 2003.....	...XXX.....	.....0	.....0							
4. 2004.....	...XXX.....	...XXX.....								
5. 2005.....	...XXX.....	...XXX.....	...XXX.....	.....0			.....0	.....0		
6. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....1	.....0	.....0	.....0		
7. 2007.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0		.....0
8. 2008.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0
9. 2009.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....0	.....0	.....0
10. 2010.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....1	
11. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....1

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....	.....1	.....0	.....0							
2. 2002.....	.....23	.....25	.....25	.....25	.....25	.....25	.....25	.....25	.....25	.....25
3. 2003.....	...XXX.....	.....12	.....12	.....12	.....12	.....12	.....12	.....12	.....12	.....12
4. 2004.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2005.....	...XXX.....	...XXX.....	...XXX.....	.....7	.....8	.....8	.....8	.....8	.....8	.....8
6. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....28	.....28	.....29	.....29	.....29	.....29
7. 2007.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....20	.....21	.....21	.....21	.....21
8. 2008.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....38	.....42	.....42	.....42
9. 2009.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....59	.....61	.....61
10. 2010.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....26	.....27
11. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....43

**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....	.....845	.....134	.....52	.....13	.....5	.....2	.....9	.....15	.....1	.....0
2. 2002.....	.....3,795	.....4,768	.....4,964	.....5,006	.....5,021	.....5,028	.....5,037	.....5,045	.....5,046	.....5,047
3. 2003.....	.....XXX.....	.....4,614	.....6,085	.....6,271	.....6,331	.....6,354	.....6,380	.....6,394	.....6,397	.....6,398
4. 2004.....	.....XXX.....	.....XXX.....	.....6,460	.....7,968	.....8,190	.....8,263	.....8,322	.....8,355	.....8,366	.....8,371
5. 2005.....	.....XXX.....	.....XXX.....	.....XXX.....	.....7,239	.....8,946	.....9,203	.....9,366	.....9,445	.....9,476	.....9,488
6. 2006.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....7,818	.....9,625	.....10,077	.....10,253	.....10,325	.....10,358
7. 2007.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....8,338	.....11,096	.....11,580	.....11,737	.....11,814
8. 2008.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....9,128	.....12,088	.....12,553	.....12,740
9. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....10,458	.....13,867	.....14,490
10. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....12,083	.....15,979
11. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....12,759

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....	.....243	.....92	.....34	.....15	.....6	.....3	.....2	.....1	.....0	.....0
2. 2002.....	.....1,122	.....221	.....93	.....36	.....15	.....5	.....2	.....1	.....1	.....0
3. 2003.....	.....XXX.....	.....1,237	.....324	.....126	.....49	.....18	.....6	.....3	.....1	.....1
4. 2004.....	.....XXX.....	.....XXX.....	.....1,804	.....376	.....150	.....56	.....21	.....8	.....4	.....2
5. 2005.....	.....XXX.....	.....XXX.....	.....XXX.....	.....2,035	.....432	.....165	.....57	.....21	.....10	.....5
6. 2006.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....2,140	.....454	.....174	.....64	.....26	.....10
7. 2007.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....2,347	.....486	.....180	.....79	.....29
8. 2008.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....2,621	.....487	.....207	.....83
9. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....3,232	.....649	.....272
10. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....3,649	.....771
11. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....3,680

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....	.....296	.....35	.....27	.....5	.....2	.....1	.....8	.....11	.....1	.....
2. 2002.....	.....7,593	.....7,974	.....8,102	.....8,111	.....8,115	.....8,116	.....8,123	.....8,131	.....8,132	.....8,132
3. 2003.....	.....XXX.....	.....8,979	.....9,735	.....9,783	.....9,796	.....9,800	.....9,819	.....9,831	.....9,833	.....9,833
4. 2004.....	.....XXX.....	.....XXX.....	.....12,445	.....12,953	.....13,016	.....13,032	.....13,065	.....13,090	.....13,098	.....13,102
5. 2005.....	.....XXX.....	.....XXX.....	.....XXX.....	.....14,155	.....14,752	.....14,820	.....14,903	.....14,957	.....14,981	.....14,989
6. 2006.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....15,324	.....15,956	.....16,198	.....16,295	.....16,341	.....16,362
7. 2007.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....16,225	.....17,724	.....17,983	.....18,072	.....18,112
8. 2008.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....17,493	.....19,073	.....19,343	.....19,445
9. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....20,235	.....21,893	.....22,253
10. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....23,419	.....25,385
11. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....24,590

**SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....	.....14	.....4	.....1	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2002.....	.....58	.....71	.....73	.....74	.....75	.....75	.....75	.....75	.....75	.....75
3. 2003.....	...XXX.....	.....69	.....85	.....88	.....89	.....90	.....90	.....90	.....90	.....90
4. 2004.....	...XXX.....	...XXX.....	.....77	.....92	.....94	.....95	.....96	.....97	.....97	.....97
5. 2005.....	...XXX.....	...XXX.....	...XXX.....	.....78	.....90	.....93	.....95	.....96	.....96	.....97
6. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....47	.....55	.....57	.....58	.....59	.....59
7. 2007.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....30	.....38	.....39	.....40	.....40
8. 2008.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....19	.....24	.....25	.....25
9. 2009.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....22	.....28	.....29
10. 2010.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....31	.....40
11. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....37

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....	.....8	.....3	.....1	.....1	.....0	.....0	.....0	.....	.....	.....
2. 2002.....	.....15	.....4	.....2	.....1	.....0	.....0	.....0	.....0	.....	.....
3. 2003.....	...XXX.....	.....17	.....6	.....3	.....1	.....0	.....0	.....0	.....0	.....
4. 2004.....	...XXX.....	...XXX.....	.....17	.....6	.....4	.....2	.....0	.....0	.....0	.....0
5. 2005.....	...XXX.....	...XXX.....	...XXX.....	.....15	.....6	.....3	.....1	.....1	.....0	.....0
6. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....9	.....3	.....2	.....1	.....0	.....0
7. 2007.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....6	.....2	.....1	.....1	.....0
8. 2008.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....4	.....1	.....0	.....0
9. 2009.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....6	.....2	.....1
10. 2010.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....9	.....4
11. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....14

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....	.....7	.....1	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....
2. 2002.....	.....111	.....118	.....119	.....119	.....119	.....119	.....119	.....119	.....119	.....119
3. 2003.....	...XXX.....	.....129	.....138	.....139	.....140	.....140	.....140	.....140	.....140	.....140
4. 2004.....	...XXX.....	...XXX.....	.....141	.....150	.....151	.....152	.....152	.....152	.....152	.....152
5. 2005.....	...XXX.....	...XXX.....	...XXX.....	.....139	.....147	.....148	.....149	.....149	.....149	.....149
6. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....86	.....91	.....93	.....94	.....94	.....94
7. 2007.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....57	.....64	.....65	.....65	.....65
8. 2008.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....35	.....39	.....39	.....39
9. 2009.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....41	.....46	.....46
10. 2010.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....57	.....63
11. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....70

SCHEDULE P - PART 5D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 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 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 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 Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 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 5E - COMMERCIAL MULTIPLE PERIL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 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 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior.....	.....0	.....0	.....0	.....0	.....0	.....0				
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 Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 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.....	



**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**

**SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....	.....0									
2. 2002.....	.....1	.....1	.....1	.....1	.....1	.....1	.....1	.....1	.....1	.....1
3. 2003.....	...XXX.....	.....1	.....1	.....1	.....1	.....1	.....2	.....2	.....2	.....2
4. 2004.....	...XXX.....	...XXX.....	.....3	.....4	.....4	.....4	.....4	.....4	.....4	.....4
5. 2005.....	...XXX.....	...XXX.....	...XXX.....	.....8	.....10	.....11	.....11	.....11	.....11	.....11
6. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....7	.....8	.....9	.....9	.....9	.....9
7. 2007.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....10	.....13	.....14	.....14	.....14
8. 2008.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....15	.....20	.....20	.....20
9. 2009.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....19	.....24	.....24
10. 2010.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....23	.....27
11. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....24

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....										
2. 2002.....	.....0	.....0		.....0	.....0	.....0				
3. 2003.....	...XXX.....	.....0	.....0	.....0	.....0	.....0				
4. 2004.....	...XXX.....	...XXX.....	.....0	.....0	.....0	.....0				
5. 2005.....	...XXX.....	...XXX.....	...XXX.....	.....1	.....1	.....0				
6. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....1	.....1	.....0	.....0	.....0	.....0
7. 2007.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....3	.....1	.....1	.....0	
8. 2008.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....4	.....1	.....0	.....0
9. 2009.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....5	.....1	.....1
10. 2010.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....4	.....1
11. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....4

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....	.....0									
2. 2002.....	.....2	.....2	.....2	.....2	.....2	.....2	.....2	.....2	.....2	.....2
3. 2003.....	...XXX.....	.....2	.....2	.....2	.....3	.....3	.....3	.....3	.....3	.....3
4. 2004.....	...XXX.....	...XXX.....	.....6	.....7	.....7	.....7	.....7	.....7	.....7	.....7
5. 2005.....	...XXX.....	...XXX.....	...XXX.....	.....14	.....16	.....16	.....16	.....16	.....16	.....16
6. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....18	.....19	.....19	.....19	.....19	.....19
7. 2007.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....22	.....24	.....24	.....25	.....25
8. 2008.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....29	.....32	.....32	.....32
9. 2009.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....35	.....38	.....39
10. 2010.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....41	.....44
11. 2011.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	.....43

**SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE**

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....				.....0	.....0					
2. 2002.....										
3. 2003.....	...XXX.....									
4. 2004.....	...XXX.....	...XXX.....								
5. 2005.....	...XXX.....	...XXX.....	...XXX.....							
6. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....					.....0	.....0
7. 2007.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....					.....0
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 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....			.....0	.....0						
2. 2002.....										
3. 2003.....	...XXX.....									
4. 2004.....	...XXX.....	...XXX.....								
5. 2005.....	...XXX.....	...XXX.....	...XXX.....							
6. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....				.....0		
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 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....			.....0	.....0	.....0					
2. 2002.....										
3. 2003.....	...XXX.....									
4. 2004.....	...XXX.....	...XXX.....								
5. 2005.....	...XXX.....	...XXX.....	...XXX.....							
6. 2006.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....				.....0	.....0	.....0
7. 2007.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....					.....0
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. 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**

**SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
1. Prior.....	.....(11)									.....0	
2. 2002.....	.....1,010	.....998	.....998	.....998	.....998	.....998	.....998	.....998	.....998	.....998	
3. 2003.....	.....XXX	.....1,374	.....1,361	.....1,361	.....1,361	.....1,361	.....1,361	.....1,361	.....1,361	.....1,361	
4. 2004.....	.....XXX	.....XXX	.....1,650	.....1,628	.....1,628	.....1,628	.....1,628	.....1,628	.....1,628	.....1,628	
5. 2005.....	.....XXX	.....XXX	.....XXX	.....1,724	.....1,703	.....1,703	.....1,703	.....1,703	.....1,703	.....1,703	
6. 2006.....	.....XXX	.....XXX	.....XXX	.....XXX	.....1,103	.....1,089	.....1,089	.....1,089	.....1,089	.....1,089	
7. 2007.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....713	.....707	.....707	.....707	.....707	
8. 2008.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....416	.....412	.....412	.....412	
9. 2009.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....500	.....494	.....494	
10. 2010.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....699	.....691	.....(8)
11. 2011.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....896	.....896
12. Total.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....888
13. Earned Prems.(P-Pt 1).....	.....1,000	.....1,362	.....1,637	.....1,702	.....1,082	.....699	.....410	.....496	.....693	.....888	.....XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
1. Prior.....	.....(5)									.....0	
2. 2002.....	.....395	.....389	.....389	.....389	.....389	.....389	.....389	.....389	.....389	.....389	
3. 2003.....	.....XXX	.....552	.....552	.....552	.....552	.....552	.....552	.....552	.....552	.....552	
4. 2004.....	.....XXX	.....XXX								.....0	
5. 2005.....	.....XXX	.....XXX	.....XXX							.....0	
6. 2006.....	.....XXX	.....XXX	.....XXX	.....XXX						.....0	
7. 2007.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX					.....0	
8. 2008.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX				.....0	
9. 2009.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX			.....0	
10. 2010.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX		.....0	
11. 2011.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	
12. Total.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0
13. Earned Prems.(P-Pt 1).....	.....390	.....546									.....XXX

**SCHEDULE P - PART 6D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
1. Prior.....										.....0	
2. 2002.....										.....0	
3. 2003.....	.....XXX									.....0	
4. 2004.....	.....XXX	.....XXX								.....0	
5. 2005.....	.....XXX	.....XXX	.....XXX							.....0	
6. 2006.....	.....XXX	.....XXX	.....XXX	.....XXX						.....0	
7. 2007.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX					.....0	
8. 2008.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX				.....0	
9. 2009.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX			.....0	
10. 2010.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX		.....0	
11. 2011.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	
12. Total.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0
13. Earned Prems.(P-Pt 1).....											.....XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
1. Prior.....										.....0	
2. 2002.....										.....0	
3. 2003.....	.....XXX									.....0	
4. 2004.....	.....XXX	.....XXX								.....0	
5. 2005.....	.....XXX	.....XXX	.....XXX							.....0	
6. 2006.....	.....XXX	.....XXX	.....XXX	.....XXX						.....0	
7. 2007.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX					.....0	
8. 2008.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX				.....0	
9. 2009.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX			.....0	
10. 2010.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX		.....0	
11. 2011.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0	
12. Total.....	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....XXX	.....0
13. Earned Prems.(P-Pt 1).....											.....XXX

**SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL**

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
1. Prior.....										.0	
2. 2002.....										.0	
3. 2003.....	.XXX									.0	
4. 2004.....	.XXX	.XXX								.0	
5. 2005.....	.XXX	.XXX	.XXX							.0	
6. 2006.....	.XXX	.XXX	.XXX	.XXX						.0	
7. 2007.....	.XXX	.XXX	.XXX	.XXX	.XXX					.0	
8. 2008.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.0	
9. 2009.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			.0	
10. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.0	
11. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	
12. Total.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
13. Earned Prems.(P-Pt 1).											.XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
1. Prior.....										.0	
2. 2002.....										.0	
3. 2003.....	.XXX									.0	
4. 2004.....	.XXX	.XXX								.0	
5. 2005.....	.XXX	.XXX	.XXX							.0	
6. 2006.....	.XXX	.XXX	.XXX	.XXX						.0	
7. 2007.....	.XXX	.XXX	.XXX	.XXX	.XXX					.0	
8. 2008.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.0	
9. 2009.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			.0	
10. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.0	
11. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	
12. Total.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
13. Earned Prems.(P-Pt 1).											.XXX

**SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE**

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
1. Prior.....	(0)									.0	
2. 2002.....	29	29	29	29	29	29	29	29	29	29	
3. 2003.....	.XXX	47	47	47	47	47	47	47	47	47	
4. 2004.....	.XXX	.XXX	98	97	97	97	97	97	97	97	
5. 2005.....	.XXX	.XXX	.XXX	179	178	178	178	178	178	178	
6. 2006.....	.XXX	.XXX	.XXX	.XXX	299	297	297	297	297	297	
7. 2007.....	.XXX	.XXX	.XXX	.XXX	.XXX	419	416	416	416	416	
8. 2008.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	508	504	504	504	
9. 2009.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	656	651	651	(0)
10. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	777	772	(6)
11. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	847	847
12. Total.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	841
13. Earned Prems.(P-Pt 1).	29	47	97	179	297	417	505	652	773	841	.XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
1. Prior.....	(0)									.0	
2. 2002.....	23	23	23	23	23	23	23	23	23	23	
3. 2003.....	.XXX	39	39	39	39	39	39	39	39	39	
4. 2004.....	.XXX	.XXX								.0	
5. 2005.....	.XXX	.XXX	.XXX							.0	
6. 2006.....	.XXX	.XXX	.XXX	.XXX						.0	
7. 2007.....	.XXX	.XXX	.XXX	.XXX	.XXX					.0	
8. 2008.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.0	
9. 2009.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			.0	
10. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.0	
11. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	
12. Total.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
13. Earned Prems.(P-Pt 1).	23	38									.XXX

**SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE**

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
1. Prior.....	.....0									.....0	
2. 2002.....	.....10	.....10	.....10	.....10	.....10	.....10	.....10	.....10	.....10	.....10	
3. 2003.....	...XXX	.....10	.....10	.....10	.....10	.....10	.....10	.....10	.....10	.....10	
4. 2004.....	...XXX	...XXX	.....10	.....11	.....11	.....11	.....11	.....11	.....11	.....11	
5. 2005.....	...XXX	...XXX	...XXX	.....10	.....10	.....10	.....10	.....10	.....10	.....10	
6. 2006.....	...XXX	...XXX	...XXX	...XXX	.....10	.....10	.....10	.....10	.....10	.....10	
7. 2007.....	...XXX	...XXX	...XXX	...XXX	...XXX	.....10	.....10	.....10	.....10	.....10	
8. 2008.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	.....10	.....10	.....10	.....10	
9. 2009.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	.....10	.....10	.....10	
10. 2010.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	.....10	.....10	
11. 2011.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	.....10	.....10
12. Total.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	.....10
13. Earned Prems.(P-Pt 1).....	.....10	.....10	.....10	.....10	.....10	.....10	.....10	.....10	.....10	.....10	...XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
1. Prior.....	.....0									.....0	
2. 2002.....	.....9	.....9	.....9	.....9	.....9	.....9	.....9	.....9	.....9	.....9	
3. 2003.....	...XXX	.....9	.....9	.....9	.....9	.....9	.....9	.....9	.....9	.....9	
4. 2004.....	...XXX	...XXX								.....0	
5. 2005.....	...XXX	...XXX	...XXX							.....0	
6. 2006.....	...XXX	...XXX	...XXX	...XXX						.....0	
7. 2007.....	...XXX	...XXX	...XXX	...XXX	...XXX					.....0	
8. 2008.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX				.....0	
9. 2009.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX			.....0	
10. 2010.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX		.....0	
11. 2011.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	.....0	
12. Total.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	.....0
13. Earned Prems.(P-Pt 1).....	.....9	.....9									...XXX

**SCHEDULE P - PART 6M - INTERNATIONAL**

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
1. Prior.....										.....0	
2. 2002.....										.....0	
3. 2003.....	...XXX									.....0	
4. 2004.....	...XXX	...XXX								.....0	
5. 2005.....	...XXX	...XXX	...XXX							.....0	
6. 2006.....	...XXX	...XXX	...XXX	...XXX						.....0	
7. 2007.....	...XXX	...XXX	...XXX	...XXX	...XXX					.....0	
8. 2008.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX				.....0	
9. 2009.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX			.....0	
10. 2010.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX		.....0	
11. 2011.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	.....0	
12. Total.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	.....0
13. Earned Prems.(P-Pt 1).....											...XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
1. Prior.....										.....0	
2. 2002.....										.....0	
3. 2003.....	...XXX									.....0	
4. 2004.....	...XXX	...XXX								.....0	
5. 2005.....	...XXX	...XXX	...XXX							.....0	
6. 2006.....	...XXX	...XXX	...XXX	...XXX						.....0	
7. 2007.....	...XXX	...XXX	...XXX	...XXX	...XXX					.....0	
8. 2008.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX				.....0	
9. 2009.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX			.....0	
10. 2010.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX		.....0	
11. 2011.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	.....0	
12. Total.....	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	...XXX	.....0
13. Earned Prems.(P-Pt 1).....											...XXX

**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**

**Sch. P-Pt. 7A-Sn. 1**  
**NONE**

**Sch. P-Pt. 7A-Sn. 2**  
**NONE**

**Sch. P-Pt. 7A-Sn. 3**  
**NONE**

**Sch. P-Pt. 7A-Sn. 4**  
**NONE**

**Sch. P-Pt. 7A-Sn. 5**  
**NONE**

**Sch. P-Pt. 7B-Sn. 1**  
**NONE**

**Sch. P-Pt. 7B-Sn. 2**  
**NONE**

**Sch. P-Pt. 7B-Sn. 3**  
**NONE**

**Sch. P-Pt. 7B-Sn. 4**  
**NONE**

**Sch. P-Pt. 7B-Sn. 5**  
**NONE**

**Sch. P-Pt. 7B-Sn. 6**  
**NONE**

**Sch. P-Pt. 7B-Sn. 7**  
**NONE**



PROGRESSIVE ADVANCED INSURANCE COMPANY  
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 Section 1: Occurrence	2 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

			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
States, Etc.								
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

PROGRESSIVE ADVANCED INSURANCE COMPANY

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

0155	The Progressive Insurance Group...	00000	34-0963169	.....	0000080661..	New York Stock Exchange...	The Progressive Corporation.....	OH.....	UIP.....	Board, Management.....	Board.....	.....	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	83-0371533	.....	.....	.....	Drive Insurance Holdings, Inc.....	DE.....	NIA.....	The Progressive Corporation.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	11410	68-0004572	.....	.....	.....	Drive New Jersey Insurance Company.....	NJ.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	24252	34-1094197	.....	.....	.....	Progressive American Insurance Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	17350	31-1193845	.....	.....	.....	Progressive Bayside Insurance Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	24260	34-6513736	.....	.....	.....	Progressive Casualty Insurance Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	34-1576555	.....	.....	.....	PC Investment Company.....	DE.....	NIA.....	Progressive Casualty Insurance Company.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	29203	74-1082840	.....	.....	.....	Progressive County Mutual Insurance Company.....	TX.....	IA.....	Progressive Casualty Insurance Company.....	Management.....	.....	The Progressive Corporation.....	2, 3.....
0155	The Progressive Insurance Group...	42412	34-1374634	.....	.....	.....	Progressive Gulf Insurance Company.....	OH.....	IA.....	Progressive Casualty Insurance Company.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	32786	34-1172685	.....	.....	.....	Progressive Specialty Insurance Company.....	OH.....	IA.....	Progressive Casualty Insurance Company.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	.....	.....	.....	.....	Trussville/Cahaba, AL , LLC.....	OH.....	NIA.....	Progressive Specialty Insurance Company.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	42994	39-1453002	.....	.....	.....	Progressive Classic Insurance Company.....	WI.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	20-2625201	.....	.....	.....	Progressive DLP Corp.....	OH.....	NIA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	10067	99-0311930	.....	.....	.....	Progressive Hawaii Insurance Corp.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	10187	34-1787734	.....	.....	.....	Progressive Michigan Insurance Company.....	MI.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	35190	93-0935623	.....	.....	.....	Progressive Mountain Insurance Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	38628	34-1318335	.....	.....	.....	Progressive Northern insurance Company.....	WI.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	42919	91-1187829	.....	.....	.....	Progressive Northwestern Insurance Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	37834	34-1287020	.....	.....	.....	Progressive Preferred Insurance Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	10050	72-1269745	.....	.....	.....	Progressive Security Insurance Company.....	LA.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	38784	59-1951700	.....	.....	.....	Progressive Southeastern Insurance Company.....	IN.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	27804	95-2676519	.....	.....	.....	Progressive West Insurance Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	27-2393886	.....	.....	.....	Progressive Commercial Advantage Agency, Inc.....	OH.....	NIA.....	Drive Insurance Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	20-1583033	.....	.....	.....	Progressive Commercial Holdings, Inc.....	DE.....	NIA.....	The Progressive Corporation.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	10194	59-3213819	.....	.....	.....	Artisan and Truckers Casualty Company.....	WI.....	IA.....	Progressive Commercial Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	10243	06-0281045	.....	.....	.....	National Continental Insurance Company.....	NY.....	IA.....	Progressive Commercial Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	12879	20-4093467	.....	.....	.....	Progressive Commercial Casualty Company.....	OH.....	IA.....	Progressive Commercial Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	10193	59-3213719	.....	.....	.....	Progressive Express Insurance Company.....	OH.....	IA.....	Progressive Commercial Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	11770	36-3298008	.....	.....	.....	United Financial Casualty Company.....	OH.....	IA.....	Progressive Commercial Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	83-0371538	.....	.....	.....	Progressive Direct Holdings, Inc.....	DE.....	UDP.....	The Progressive Corporation.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	44180	23-2599971	.....	.....	.....	Mountain Laurel Assurance Company.....	OH.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	11851	62-0484104	.....	.....	.....	Progressive Advanced Insurance Company.....	OH.....	.....	Progressive Direct Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	58-1772717	.....	.....	.....	Progressive Auto Pro Insurance Agency, Inc.....	FL.....	NIA.....	Progressive Direct Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	44288	62-1444848	.....	.....	.....	Progressive Choice Insurance Company.....	OH.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	16322	34-1524319	.....	.....	.....	Progressive Direct Insurance Company.....	OH.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	.....	.....	.....	.....	Gadsden, AL, LLC.....	OH.....	NIA.....	Progressive Direct Insurance Company.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....

**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 Compan 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)	*
0155	The Progressive Insurance Group...	12302	20-3187886	.....	.....	.....	Progressive Freedom Insurance Company.....	NJ.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	14800	22-2404709	.....	.....	.....	Progressive Garden State Insurance Company.....	NJ.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	37605	33-0350911	.....	.....	.....	Progressive Marathon Insurance Company.....	MI.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	24279	34-0472535	.....	.....	.....	Progressive Max Insurance Company.....	OH.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	44695	86-0686869	.....	.....	.....	Progressive Paloverde Insurance Company.....	IN.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	21735	36-3789786	.....	.....	.....	Progressive Premier Insurance Company of Illinois.....	OH.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	10192	59-3213815	.....	.....	.....	Progressive Select Insurance Company.....	OH.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	34-1804869	.....	.....	.....	Progressive Specialty Insurance Agency, Inc.....	OH.....	NIA.....	Progressive Direct Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	21727	36-3789787	.....	.....	.....	Progressive Universal Insurance Company.....	WI.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	99-0311966	.....	.....	.....	Garden Sun Insurance Services, ilc.....	HI.....	IA.....	The Progressive Corporation.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	95-2706008	.....	.....	.....	Pacific Motor Club.....	CA.....	NIA.....	The Progressive Corporation.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	11-3203413	.....	.....	.....	PROGNY Agency, Inc.....	NY.....	NIA.....	The Progressive Corporation.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	34-1574447	.....	.....	.....	Progressive Adjusting Company, Inc.....	OH.....	NIA.....	The Progressive Corporation.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	13-3673368	.....	.....	.....	Progressive Capital Management Corp.....	NY.....	NIA.....	The Progressive Corporation.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	34-1378861	.....	.....	.....	Progressive Investment Company, Inc.....	DE.....	NIA.....	The Progressive Corporation.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	34-6530101	.....	.....	.....	Progressive Premium Budget, Inc.....	OH.....	NIA.....	The Progressive Corporation.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	34-1574448	.....	.....	.....	Progressive RSC, Inc.....	OH.....	NIA.....	The Progressive Corporation.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	20-2702408	.....	.....	.....	Progressive Vehicle Service Company.....	OH.....	NIA.....	The Progressive Corporation.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	51-0295493	.....	.....	.....	Village Transport Corp.....	DE.....	NIA.....	The Progressive Corporation.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....
0155	The Progressive Insurance Group...	00000	34-1324270	.....	.....	.....	Wilson Mills Land Co.....	OH.....	NIA.....	The Progressive Corporation.....	Ownership.....	.....100.00	The Progressive Corporation.....	1, 3.....

Asteri	Explanation
1	Schedule Y Part 1A is a common schedule for all companies in The Progressive Insurance Group, however column 10 requires specific relationship information relative to the reporting entity.
2	Progressive County Mutual Insurance Company is a Texas county mutual insurance company that is controlled, but not owned by Progressive Casualty Insurance Company.
3	None of the companies in The Progressive Insurance Group are Federally chartered or insured institutions and therefore, do not have Federal RSSD numbers.

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

.....	34-0963169..	THE PROGRESSIVE CORPORATION.....	.....	.....	.....	.....	.....489,873,765	.....	.....	.....	.....489,873,765	.....
.....	83-0371533..	DRIVE INSURANCE HOLDINGS, INC.....	.....513,300,000	.....(1,290,000)	.....	.....	.....	.....	.....	.....	.....512,010,000	.....
24260.....	34-6513736..	PROGRESSIVE CASUALTY INSURANCE COMPANY.....	.....47,000,000	.....	.....(77,297,647)	.....	.....992,617,419	.....251,059,984	.....*	.....	.....1,213,379,756	.....(1,556,835,000)
24252.....	34-1094197..	PROGRESSIVE AMERICAN INSURANCE COMPANY.....	.....(9,000,000)	.....	.....	.....	.....(6,400,450)	.....	.....*	.....	.....(15,400,450)	.....
32786.....	34-1172685..	PROGRESSIVE SPECIALTY INSURANCE COMPANY.....	.....(275,000,000)	.....	.....166,789,803	.....	.....(27,529,816)	.....	.....*	.....	.....(135,740,013)	.....
38784.....	59-1951700..	PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY.....	.....(5,000,000)	.....	.....	.....	.....(3,251,532)	.....	.....*	.....	.....(8,251,532)	.....
38628.....	34-1318335..	PROGRESSIVE NORTHERN INSURANCE COMPANY.....	.....(56,000,000)	.....	.....154,316	.....	.....(36,536,817)	.....	.....*	.....	.....(92,382,501)	.....
37834.....	34-1287020..	PROGRESSIVE PREFERRED INSURANCE COMPANY.....	.....(32,000,000)	.....	.....(171,601)	.....	.....(17,979,298)	.....	.....*	.....	.....(50,150,899)	.....
42412.....	34-1374634..	PROGRESSIVE GULF INSURANCE COMPANY.....	.....(75,000,000)	.....	.....50,408,650	.....	.....(6,997,454)	.....	.....*	.....	.....(31,588,804)	.....
42919.....	91-1187829..	PROGRESSIVE NORTHWESTERN INSURANCE COMPANY.....	.....(58,000,000)	.....	.....149,624	.....	.....(34,859,691)	.....	.....*	.....	.....(92,710,067)	.....
42994.....	39-1453002..	PROGRESSIVE CLASSIC INSURANCE COMPANY.....	.....(14,000,000)	.....	.....	.....	.....(8,222,519)	.....	.....*	.....	.....(22,222,519)	.....
17350.....	31-1193845..	PROGRESSIVE BAYSIDE INSURANCE COMPANY.....	.....(5,000,000)	.....	.....6,832,030	.....	.....(2,743,297)	.....	.....*	.....	.....(911,267)	.....
35190.....	93-0935623..	PROGRESSIVE MOUNTAIN INSURANCE COMPANY.....	.....(4,000,000)	.....	.....6,708,300	.....	.....(3,298,548)	.....	.....*	.....	.....(590,248)	.....
10187.....	34-1787734..	PROGRESSIVE MICHIGAN INSURANCE COMPANY.....	.....(21,700,000)	.....	.....6,048,300	.....	.....(9,175,964)	.....	.....*	.....	.....(24,827,664)	.....
29203.....	74-1082840..	PROGRESSIVE COUNTY MUTUAL INSURANCE COMPANY.....	.....	.....	.....	.....	.....(20,797,619)	.....(205,864,077)	.....	.....	.....(226,661,696)	.....864,522,000
27804.....	95-2676519..	PROGRESSIVE WEST INSURANCE COMPANY.....	.....	.....540,000	.....	.....	.....(56,513,309)	.....(10,296,478)	.....	.....	.....(66,269,787)	.....163,832,000
10050.....	72-1269745..	PROGRESSIVE SECURITY INSURANCE COMPANY.....	.....(5,100,000)	.....	.....12,844,374	.....	.....(58,111,568)	.....(33,536,676)	.....	.....	.....(83,903,870)	.....271,632,000
11410.....	68-0004572..	DRIVE NEW JERSEY INSURANCE COMPANY.....	.....	.....750,000	.....	.....	.....(31,809,588)	.....(1,236,027)	.....	.....	.....(32,295,615)	.....253,020,000
10067.....	99-0311930..	PROGRESSIVE HAWAII INSURANCE CORP.....	.....(500,000)	.....	.....	.....	.....(22,515,489)	.....	.....	.....	.....(23,015,489)	.....
.....	83-0371538..	PROGRESSIVE DIRECT HOLDINGS, INC.....	.....198,424,000	.....(34,591,462)	.....	.....	.....	.....	.....	.....	.....163,832,538	.....
16322.....	34-1524319..	PROGRESSIVE DIRECT INSURANCE COMPANY.....	.....(161,000,000)	.....18,741,462	.....29,156,352	.....	.....(1,081,614,423)	.....135,960,619	.....*	.....	.....(1,058,755,990)	.....(1,037,159,000)
24279.....	34-0472535..	PROGRESSIVE MAX INSURANCE COMPANY.....	.....(11,000,000)	.....	.....	.....	.....(8,700,476)	.....(126,726)	.....*	.....	.....(19,827,202)	.....3,829,000
44695.....	86-0686869..	PROGRESSIVE PALOVERDE INSURANCE COMPANY.....	.....	.....	.....	.....	.....(840,800)	.....	.....*	.....	.....(840,800)	.....
21735.....	36-3789786..	PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS.....	.....(3,500,000)	.....	.....	.....	.....(2,320,186)	.....	.....*	.....	.....(5,820,186)	.....
21727.....	36-3789787..	PROGRESSIVE UNIVERSAL INSURANCE COMPANY.....	.....	.....	.....17,635,590	.....	.....(7,887,908)	.....	.....*	.....	.....9,747,682	.....
37605.....	33-0350911..	PROGRESSIVE MARATHON INSURANCE COMPANY.....	.....(9,800,000)	.....	.....	.....	.....(9,080,193)	.....	.....*	.....	.....(18,880,193)	.....
10192.....	59-3213815..	PROGRESSIVE SELECT INSURANCE COMPANY.....	.....	.....5,800,000	.....8,132,992	.....	.....(174,792,279)	.....(61,494,287)	.....	.....	.....(222,353,574)	.....544,941,000
44288.....	62-1444848..	PROGRESSIVE CHOICE INSURANCE COMPANY.....	.....(7,400,000)	.....	.....5,040,250	.....	.....(138,124,637)	.....(58,555,075)	.....	.....	.....(199,039,462)	.....247,328,000
11851.....	62-0484104..	PROGRESSIVE ADVANCED INSURANCE COMPANY.....	.....	.....3,500,000	.....24,703,466	.....	.....(5,562,500)	.....	.....*	.....	.....22,640,966	.....
12302.....	20-3187886..	PROGRESSIVE FREEDOM INSURANCE COMPANY.....	.....(784,000)	.....(450,000)	.....	.....	.....(2,958,436)	.....(4,516,139)	.....	.....	.....(8,708,575)	.....12,888,000
14800.....	22-2404709..	PROGRESSIVE GARDEN STATE INSURANCE COMPANY.....	.....	.....7,000,000	.....	.....	.....(61,376,217)	.....(11,395,118)	.....	.....	.....(65,771,335)	.....232,002,000
44180.....	23-2599971..	MOUNTAIN LAUREL ASSURANCE COMPANY.....	.....(4,940,000)	.....	.....136,163	.....	.....(34,406,464)	.....	.....	.....	.....(39,210,301)	.....
.....	20-1583033..	PROGRESSIVE COMMERCIAL HOLDINGS, INC.....	.....163,200,000	.....(1,500,000)	.....	.....	.....	.....	.....	.....	.....161,700,000	.....
11770.....	36-3298008..	UNITED FINANCIAL CASUALTY COMPANY.....	.....(145,000,000)	.....	.....227,863	.....	.....(143,004,494)	.....66,031,463	.....	.....	.....(221,745,168)	.....(653,030,000)
12879.....	20-4093467..	PROGRESSIVE COMMERCIAL CASUALTY COMPANY.....	.....	.....	.....	.....	.....(77,728)	.....66,389	.....	.....	.....(11,339)	.....
10243.....	06-0281045..	NATIONAL CONTINENTAL INSURANCE COMPANY.....	.....(12,500,000)	.....900,000	.....8,485,482	.....	.....(31,746,797)	.....	.....	.....	.....(34,861,315)	.....
10194.....	59-3213819..	ARTISAN AND TRUCKERS CASUALTY COMPANY.....	.....	.....4,600,000	.....(386,772)	.....	.....(48,440,967)	.....(8,474,760)	.....	.....	.....(52,702,499)	.....288,209,000
10193.....	59-3213719..	PROGRESSIVE EXPRESS INSURANCE COMPANY.....	.....(5,700,000)	.....(4,000,000)	.....894,928	.....	.....(57,149,119)	.....(57,623,092)	.....	.....	.....(123,577,283)	.....364,821,000
.....	34-1576555..	PC INVESTMENT COMPANY.....	.....	.....	.....(108,649,192)	.....	.....(8,661,121)	.....	.....	.....	.....(117,310,313)	.....
.....	34-1378861..	PROGRESSIVE INVESTMENT COMPANY, INC.....	.....	.....	.....(157,843,271)	.....	.....8,311,776	.....	.....	.....	.....(149,531,495)	.....
.....	13-3673368..	PROGRESSIVE CAPITAL MANAGEMENT CORP.....	.....	.....	.....	.....	.....5,706,400	.....	.....	.....	.....5,706,400	.....
.....	58-1772717..	PROGRESSIVE AUTO PRO INSURANCE AGENCY, INC.....	.....	.....	.....	.....	.....5,522,322	.....	.....	.....	.....5,522,322	.....
.....	11-3203413..	PROGNY AGENCY, INC.....	.....	.....	.....	.....	.....(40,744)	.....	.....	.....	.....(40,744)	.....
.....	34-1574448..	PROGRESSIVE RSC, INC.....	.....	.....	.....	.....	.....606,266,327	.....	.....	.....	.....606,266,327	.....
.....	34-1804869..	PROGRESSIVE SPECIALTY INSURANCE AGENCY, INC.....	.....	.....	.....	.....	.....55,039,029	.....	.....	.....	.....55,039,029	.....
.....	27-2393886..	PROGRESSIVE COMMERCIAL ADVANTAGE AGENCY, INC.....	.....	.....	.....	.....	.....(2,507)	.....	.....	.....	.....(2,507)	.....

**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)
.....	34-1574447..	PROGRESSIVE ADJUSTING COMPANY, INC.....	.....	.....	.....	.....	.....(115,211)	.....	.....	.....	.....(115,211)	.....
.....	51-0295493..	VILLAGE TRANSPORT CORP.....	.....	.....	.....	.....	.....309,128	.....	.....	.....	.....309,128	.....
9999999.	Control Totals.....	.....	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	.....0	.....0

PROGRESSIVE ADVANCED 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.

MARCH FILING		Responses
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?	YES
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?	NO
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?	NO
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?	NO
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
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?	NO
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?	NO
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?	NO
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?	NO
AUGUST FILING		
33.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

PROGRESSIVE ADVANCED 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.

EXPLANATIONS:

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