



ANNUAL STATEMENT

For the Year Ended December 31, 2012
of the Condition and Affairs of the

Infinity Reserve Insurance Company

NAIC Group Code.....3495, 3495 (Current Period) (Prior Period)	NAIC Company Code..... 10968	Employer's ID Number..... 31-1627506
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... December 7, 1998		Commenced Business..... January 1, 1999
Statutory Home Office	1400 Provident Tower, One East Fourth Street..... Cincinnati OH 45202 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	3700 Colonnade Parkway, Suite 600..... Birmingham AL 35243-3216 205-870-4000 <i>(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)</i>	
Mail Address	P.O.Box 830189..... Birmingham AL 35283-0189 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	3700 Colonnade Parkway, Suite 600..... Birmingham AL 35243-3216 205-870-4000 <i>(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)</i>	
Internet Web Site Address	www.infinityauto.com	
Statutory Statement Contact	Rachelle Shealy Talley <i>(Name)</i> rachelle.talley@ipacc.com <i>(E-Mail Address)</i>	205-803-8326 <i>(Area Code) (Telephone Number) (Extension)</i> 205-803-8080 <i>(Fax Number)</i>

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

OFFICERS

Name	Title	Name	Title
Scott Christopher Pitrone	President & CEO	Samuel James Simon	Senior Vice President & Secretary
Amy Kay Jordan #	Vice President & Treasurer/Controller		

OTHER

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

DIRECTORS OR TRUSTEES

James Randall Gober	Glen Nelson Godwin	Amy Kay Jordan #	Scott Christopher Pitrone
Samuel James Simon	Roger Smith	Shelia Heldenbrand Williams	

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

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

Scott Christopher Pitrone

Samuel James Simon

Amy Kay Jordan

President & CEO

Senior Vice President & Secretary

Vice President & Treasurer/Controller

Subscribed and sworn to before me
This 22nd day of February, 2013

a. Is this an original filing? Yes [X] No []
b. If no 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

My Commission Expires April 15, 2013

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



NAIC Group Code....3495 NAIC Company Code....10968

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.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits program premium (b).....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....					3,555	6,192	10,849	14,376	15,405	2,300		1,047
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....					(60)	(311)	(611)	186	186			1,047
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	3,495	5,881	10,238	14,562	15,591	2,300	0	2,094

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



NAIC Group Code....3495 NAIC Company Code....10968

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.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits program premium (b).....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....					3,555	6,192	10,849	14,376	15,405	2,300		2,302
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....					(60)	(311)	(611)	186	186			2,302
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	3,495	5,881	10,238	14,562	15,591	2,300	0	4,604

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



NAIC Group Code....3495 NAIC Company Code....10968

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.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits program premium (b).....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												455
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												455
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	910

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



NAIC Group Code....3495 NAIC Company Code....10968

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.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits program premium (b).....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												800
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												800
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	1,600

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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:														
31-0943862..	22268....	Infinity Insurance Company.....	IN.....	1,247	74	265	339	2	91	536		N.....		
0199999.	Affiliated - U. S. Intercompany Pooling.....													
0499999.	Total Affiliates.....													
9999999.	Totals.....													

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
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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 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
Authorized Affiliates-U.S. Intercompany Pooling																			
31-0943862	22268...	Infinity Insurance Company.....	IN.....				4	10	4							18		18	
0199999		Total Authorized Affiliates - U.S. Intercompany Pooling.....			0	0	4	10	4	0	0	0	0	0	0	18	0	18	0
0499999		Total Authorized Affiliates.....			0	0	4	10	4	0	0	0	0	0	0	18	0	18	0
0999999		Total Authorized.....			0	0	4	10	4	0	0	0	0	0	0	18	0	18	0
2899999		Total Authorized, Unauthorized and Certified.....			0	0	4	10	4	0	0	0	0	0	0	18	0	18	0
9999999		Totals.....			0	0	4	10	4	0	0	0	0	0	0	18	0	18	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) Infinity Insurance Company.....	18		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(2)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
(3)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
(4)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
(5)			Yes <input type="checkbox"/>	No <input type="checkbox"/>

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							11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10 / Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11
				5 Current	Overdue				10 Total Overdue Cols. 6 + 7 + 8 + 9				
					6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days					
Authorized Affiliates-U.S. Intercompany Pooling													
31-0943862..	22268.....	Infinity Insurance Company.....	IN.....	4						0	4	.00	.00
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling.....			4	0	0	0	0	0	0	4	.00	.00
0499999.	Total Authorized - Affiliates.....			4	0	0	0	0	0	0	4	.00	.00
0999999.	Total Authorized.....			4	0	0	0	0	0	0	4	.00	.00
2899999.	Total Authorized, Unauthorized and Certified.....			4	0	0	0	0	0	0	4	.00	.00
9999999.	Totals.....			4	0	0	0	0	0	0	4	.00	.00

**Sch. F-Pt. 5
NONE**

**Sch. F-Pt. 6-Section 1
NONE**

**Sch. F-Pt. 6-Section 1 (continued)
NONE**

**Sch. F-Pt. 6-Section 2
NONE**

**Sch. F-Pt. 7
NONE**

**Sch. F-Pt. 8
NONE**

SCHEDULE F - PART 9

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).....	4,301,161		4,301,161
2. Premiums and considerations (Line 15).....	90,543		90,543
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	3,569	(3,569)	0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			0
5. Other assets.....	67,091		67,091
6. Net amount recoverable from reinsurers.....		17,647	17,647
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	4,462,364	14,078	4,476,442
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	632,932	14,078	647,010
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	29,671		29,671
11. Unearned premiums (Line 9).....	535,505		535,505
12. Advance premiums (Line 10).....			0
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....			0
15. Funds held by company under reinsurance treaties (Line 13).....			0
16. Amounts withheld or retained by company for account of others (Line 14).....			0
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....	19,178		19,178
19. Total liabilities excluding protected cell business (Line 26).....	1,217,286	14,078	1,231,364
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	3,245,078	XXX	3,245,078
22. Totals (Line 38).....	4,462,364	14,078	4,476,442

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 Note 26 in the Notes to Financial Statements.

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		0					0	XXX
2. 2003.....			0	0		0					0	0
3. 2004.....			0	0		0					0	0
4. 2005.....	6	5	1	2	2	0				0	0	0
5. 2006.....	1	1	0								0	
6. 2007.....			0								0	
7. 2008.....			0								0	
8. 2009.....	0		0								0	
9. 2010.....			0								0	
10. 2011.....			0								0	
11. 2012.....			0								0	
12. Totals.....	XXX	XXX	XXX	3	2	0	0	0	0	0	1	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0				0							1	
2. 2003.....	0											0	
3. 2004.....	0											0	
4. 2005.....	0											0	
5. 2006.....												0	
6. 2007.....												0	
7. 2008.....												0	
8. 2009.....												0	
9. 2010.....												0	
10. 2011.....												0	
11. 2012.....												0	
12. Totals.....	1	0	0	0	0	0	0	0	0	0	0	1	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 2003.....	0	0	0	0.0	0.0	0.0			0.10	0	0
3. 2004.....	0	0	0	0.0	0.0	0.0			1.00	0	0
4. 2005.....	2	2	0	38.8	44.3	11.3			0.10	0	0
5. 2006.....	0	0	0	0.0	0.0	0.0			0.10	0	0
6. 2007.....	0	0	0	0.0	0.0	0.0			0.10	0	0
7. 2008.....	0	0	0	0.0	0.0	0.0			0.10	0	0
8. 2009.....	0	0	0	0.0	0.0	0.0			0.10	0	0
9. 2010.....	0	0	0	0.0	0.0	0.0			0.10	0	0
10. 2011.....	0	0	0	0.0	0.0	0.0			0.10	0	0
11. 2012.....	0	0	0	0.0	0.0	0.0			0.10	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1	0

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	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				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	1.....	0.....	0.....	(0).....	0.....	0.....	0.....	2.....	XXX.....
2. 2003.....	96.....	.....	96.....	(133).....	2.....	(22).....	(0).....	(33).....	.....	6.....	(190).....	225.....
3. 2004.....	3,276.....	13.....	3,263.....	1,686.....	7.....	153.....	0.....	465.....	.....	8.....	2,297.....	648.....
4. 2005.....	583.....	6.....	577.....	308.....	6.....	14.....	1.....	78.....	.....	3.....	392.....	151.....
5. 2006.....	577.....	4.....	573.....	304.....	1.....	15.....	0.....	84.....	.....	3.....	403.....	149.....
6. 2007.....	636.....	2.....	634.....	365.....	2.....	18.....	0.....	74.....	.....	4.....	456.....	175.....
7. 2008.....	555.....	2.....	553.....	321.....	0.....	18.....	0.....	69.....	.....	4.....	408.....	152.....
8. 2009.....	511.....	1.....	509.....	307.....	.....	16.....	.....	63.....	.....	3.....	386.....	146.....
9. 2010.....	562.....	1.....	561.....	361.....	.....	15.....	.....	62.....	.....	5.....	437.....	170.....
10. 2011.....	638.....	1.....	637.....	367.....	.....	9.....	.....	62.....	.....	5.....	438.....	187.....
11. 2012.....	751.....	1.....	750.....	243.....	.....	4.....	.....	43.....	.....	3.....	290.....	200.....
12. Totals.....	XXX.....	XXX.....	XXX.....	4,129.....	18.....	242.....	2.....	967.....	0.....	45.....	5,319.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	11.....	9.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	3.....	0.....
2. 2003.....	0.....	.....	0.....	0.....	0.....	.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2004.....	0.....	.....	0.....	0.....	0.....	.....	0.....	0.....	0.....	0.....	0.....	1.....	0.....
4. 2005.....	0.....	.....	0.....	0.....	0.....	.....	0.....	0.....	0.....	0.....	0.....	1.....	0.....
5. 2006.....	0.....	0.....	1.....	0.....	0.....	.....	0.....	0.....	1.....	.....	0.....	2.....	0.....
6. 2007.....	1.....	.....	1.....	0.....	0.....	.....	0.....	(0).....	2.....	.....	0.....	5.....	0.....
7. 2008.....	2.....	.....	3.....	.....	1.....	.....	0.....	.....	3.....	.....	0.....	9.....	0.....
8. 2009.....	5.....	.....	5.....	.....	2.....	.....	0.....	.....	3.....	.....	0.....	15.....	0.....
9. 2010.....	15.....	.....	7.....	.....	7.....	.....	1.....	.....	6.....	.....	0.....	36.....	2.....
10. 2011.....	37.....	.....	26.....	.....	10.....	.....	6.....	.....	12.....	.....	0.....	91.....	5.....
11. 2012.....	122.....	.....	129.....	.....	12.....	.....	13.....	.....	33.....	.....	2.....	310.....	27.....
12. Totals.....	193.....	9.....	174.....	0.....	33.....	0.....	22.....	0.....	60.....	0.....	3.....	472.....	34.....

	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.....	2.....	1.....
2. 2003..	(187).....	2.....	(189).....	(195.2).....	0.0.....	(197.3).....	.....	.....	0.10.....	0.....	0.....
3. 2004..	2,305.....	7.....	2,298.....	70.4.....	56.0.....	70.4.....	.....	.....	1.00.....	0.....	0.....
4. 2005..	401.....	7.....	393.....	68.7.....	121.4.....	68.2.....	.....	.....	0.10.....	0.....	0.....
5. 2006..	406.....	1.....	405.....	70.3.....	22.4.....	70.6.....	.....	.....	0.10.....	1.....	1.....
6. 2007..	462.....	2.....	460.....	72.7.....	95.0.....	72.6.....	.....	.....	0.10.....	2.....	2.....
7. 2008..	416.....	0.....	416.....	75.0.....	6.5.....	75.3.....	.....	.....	0.10.....	5.....	4.....
8. 2009..	401.....	0.....	401.....	78.6.....	0.0.....	78.8.....	.....	.....	0.10.....	9.....	5.....
9. 2010..	473.....	0.....	473.....	84.2.....	0.0.....	84.4.....	.....	.....	0.10.....	22.....	14.....
10. 2011..	529.....	0.....	529.....	82.9.....	0.0.....	83.0.....	.....	.....	0.10.....	63.....	28.....
11. 2012..	600.....	0.....	600.....	79.9.....	0.0.....	80.0.....	.....	.....	0.10.....	251.....	59.....
12. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	357.....	114.....

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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	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				
				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		0	0	XXX
2. 2003.....			0	1	2	0	0	0		0	(1)	0
3. 2004.....			0	2	(0)	(1)	0	(2)		0	(0)	1
4. 2005.....	35	3	32	16	1	0	0	2		0	17	4
5. 2006.....	34	3	31	19	1	0	0	2		0	21	4
6. 2007.....	31	2	29	17	2	1	0	3		0	19	4
7. 2008.....	31	2	29	16	2	1	0	2		0	16	4
8. 2009.....	38	3	35	22	2	1	0	3		0	24	6
9. 2010.....	45	3	42	24	1	1	0	3		0	26	7
10. 2011.....	50	4	46	22	1	1		3		0	24	9
11. 2012.....	58	5	53	16	2	0		2		0	16	8
12. Totals.....	XXX	XXX	XXX	156	13	4	0	17	0	1	163	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0		0	0			0	0	0	0	0	0	0
2. 2003.....	0		0	0			0	0	0	0	0	0	0
3. 2004.....			0	0			0	0	0	0	0	0	0
4. 2005.....	0		0	(0)	0		0	0	0	0	0	0	0
5. 2006.....	0		0	0	0		0	0	0	0	0	0	0
6. 2007.....	0		0	0	0		0	0	0	0	0	0	0
7. 2008.....	0		0	0	0		0	0	0	0	1	0	0
8. 2009.....	1		1		0		0	0	0	0	2	0	0
9. 2010.....	3	1	2		1		0	1	1	0	6	0	0
10. 2011.....	5	0	4		1		1	1	1	0	12	0	0
11. 2012.....	11	0	15		1		2	4	4	0	31	0	1
12. Totals.....	20	1	22	0	4	0	3	6	6	0	54	0	2

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 2003.....	1	2	(1)	0.0	0.0	0.0			0.10	0	0
3. 2004.....	(0)	0	(0)	0.0	0.0	0.0			1.00	0	0
4. 2005.....	19	1	18	54.9	48.3	55.5			0.10	0	0
5. 2006.....	22	1	21	64.8	43.2	66.9			0.10	0	0
6. 2007.....	21	2	19	68.0	108.1	65.2			0.10	0	0
7. 2008.....	19	2	17	61.0	91.3	58.9			0.10	0	0
8. 2009.....	28	2	27	74.6	58.5	75.8			0.10	2	1
9. 2010.....	34	2	33	76.0	52.7	77.8			0.10	5	2
10. 2011.....	37	1	36	73.8	23.5	78.1			0.10	9	3
11. 2012.....	50	2	48	86.5	44.3	90.2			0.10	25	7
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	41	13

**SCHEDULE P - PART 1D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

(\$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	0				0	XXX
2. 2003.....			0								0	
3. 2004.....			0								0	
4. 2005.....			0								0	
5. 2006.....			0								0	
6. 2007.....			0								0	
7. 2008.....			0								0	
8. 2009.....			0								0	
9. 2010.....			0								0	
10. 2011.....			0								0	
11. 2012.....			0								0	
12. Totals....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding- Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	2	2	1	1			0	0	0	0		0	
2. 2003.....												0	
3. 2004.....												0	
4. 2005.....												0	
5. 2006.....												0	
6. 2007.....												0	
7. 2008.....												0	
8. 2009.....												0	
9. 2010.....												0	
10. 2011.....												0	
11. 2012.....												0	
12. Totals....	2	2	1	1	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 2003.....	0	0	0	0.0	0.0	0.0			0.10	0	0
3. 2004.....	0	0	0	0.0	0.0	0.0			1.00	0	0
4. 2005.....	0	0	0	0.0	0.0	0.0			0.10	0	0
5. 2006.....	0	0	0	0.0	0.0	0.0			0.10	0	0
6. 2007.....	0	0	0	0.0	0.0	0.0			0.10	0	0
7. 2008.....	0	0	0	0.0	0.0	0.0			0.10	0	0
8. 2009.....	0	0	0	0.0	0.0	0.0			0.10	0	0
9. 2010.....	0	0	0	0.0	0.0	0.0			0.10	0	0
10. 2011.....	0	0	0	0.0	0.0	0.0			0.10	0	0
11. 2012.....	0	0	0	0.0	0.0	0.0			0.10	0	0
12. Totals....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	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				
				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. 2003.....			0	(1)							(1)	
3. 2004.....			0								0	
4. 2005.....			0	1		0					1	
5. 2006.....			0	0							0	
6. 2007.....			0								0	
7. 2008.....			0								0	
8. 2009.....			0								0	
9. 2010.....			0								0	
10. 2011.....			0								0	
11. 2012.....			0								0	
12. Totals.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0		0		0							0	
2. 2003.....			0									0	
3. 2004.....			0									0	
4. 2005.....												0	
5. 2006.....												0	
6. 2007.....												0	
7. 2008.....												0	
8. 2009.....												0	
9. 2010.....												0	
10. 2011.....												0	
11. 2012.....												0	
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 2003.....	(1)	0	(1)	0.0	0.0	0.0			0.10	0	0
3. 2004.....	0	0	0	0.0	0.0	0.0			1.00	0	0
4. 2005.....	1	0	1	0.0	0.0	0.0			0.10	0	0
5. 2006.....	0	0	0	0.0	0.0	0.0			0.10	0	0
6. 2007.....	0	0	0	0.0	0.0	0.0			0.10	0	0
7. 2008.....	0	0	0	0.0	0.0	0.0			0.10	0	0
8. 2009.....	0	0	0	0.0	0.0	0.0			0.10	0	0
9. 2010.....	0	0	0	0.0	0.0	0.0			0.10	0	0
10. 2011.....	0	0	0	0.0	0.0	0.0			0.10	0	0
11. 2012.....	0	0	0	0.0	0.0	0.0			0.10	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	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				
				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. 2003.....			.0								0	
3. 2004.....			.0								0	
4. 2005.....			.0								0	
5. 2006.....			.0								0	
6. 2007.....			.0								0	
7. 2008.....			.0								0	
8. 2009.....			.0								0	
9. 2010.....			.0								0	
10. 2011.....			.0								0	
11. 2012.....			.0								0	
12. Totals.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....												0	
2. 2003.....												0	
3. 2004.....												0	
4. 2005.....												0	
5. 2006.....												0	
6. 2007.....												0	
7. 2008.....												0	
8. 2009.....												0	
9. 2010.....												0	
10. 2011.....												0	
11. 2012.....												0	
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 2003.....	0	0	0	0.0	0.0	0.0				0	0
3. 2004.....	0	0	0	0.0	0.0	0.0				0	0
4. 2005.....	0	0	0	0.0	0.0	0.0				0	0
5. 2006.....	0	0	0	0.0	0.0	0.0				0	0
6. 2007.....	0	0	0	0.0	0.0	0.0				0	0
7. 2008.....	0	0	0	0.0	0.0	0.0				0	0
8. 2009.....	0	0	0	0.0	0.0	0.0				0	0
9. 2010.....	0	0	0	0.0	0.0	0.0				0	0
10. 2011.....	0	0	0	0.0	0.0	0.0				0	0
11. 2012.....	0	0	0	0.0	0.0	0.0				0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

**SCHEDULE P - PART 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.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
2. 2011.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
3. 2012.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
4. Totals.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding- Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
2. 2011.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
3. 2012.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
4. Totals.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 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.....	.....0.....	.....0.....	.....XXX.....	.....0.....	.....0.....
2. 2011	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....0.....	.....0.....	.....0.10.....	.....0.....	.....0.....
3. 2012	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....0.....	.....0.....	.....0.10.....	.....0.....	.....0.....
4. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....XXX.....	.....0.....	.....0.....

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.....	.....(1).....	.....(0).....	.....1.....	.....0.....	.....0.....	.....0.....	.....2.....	.....0.....	.....XXX.....
2. 2011.....	.....337.....	.....1.....	.....336.....	.....190.....	.....0.....	.....3.....	.....0.....	.....31.....	.....0.....	.....49.....	.....223.....	.....155.....
3. 2012.....	.....383.....	.....1.....	.....381.....	.....216.....	.....0.....	.....2.....	.....0.....	.....30.....	.....0.....	.....34.....	.....248.....	.....172.....
4. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....405.....	.....(0).....	.....5.....	.....0.....	.....61.....	.....0.....	.....85.....	.....471.....	.....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.....	.....(2).....	.....0.....	.....2.....	.....0.....	.....0.....	.....1.....	.....0.....	.....0.....	.....0.....	.....2.....	.....1.....	.....0.....
2. 2011.....	.....(2).....	.....0.....	.....1.....	.....0.....	.....0.....	.....1.....	.....0.....	.....1.....	.....1.....	.....2.....	.....1.....	.....0.....
3. 2012.....	.....(6).....	.....0.....	.....19.....	.....0.....	.....1.....	.....3.....	.....0.....	.....14.....	.....0.....	.....22.....	.....31.....	.....4.....
4. Totals....	.....(10).....	.....0.....	.....22.....	.....0.....	.....2.....	.....5.....	.....0.....	.....15.....	.....0.....	.....26.....	.....33.....	.....4.....

	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.....	.....0.....	.....0.....	.....XXX.....	.....(0).....	.....1.....
2. 2011	.....224.....	.....0.....	.....224.....	.....66.5.....	.....0.0.....	.....66.7.....	.....0.....	.....0.....	.....0.10.....	.....(1).....	.....2.....
3. 2012	.....279.....	.....0.....	.....279.....	.....72.8.....	.....0.0.....	.....73.1.....	.....0.....	.....0.....	.....0.10.....	.....13.....	.....18.....
4. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....XXX.....	.....12.....	.....21.....

**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/FAROWNERS

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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	One Year	Two Year
1. Prior.....			1				1	1	1	2	0	1
2. 2003.....							0	0	0	0	0	0
3. 2004.....	XXX						0	0	0	0	0	0
4. 2005.....	XXX	XXX	3	1	1		0	0	0	0	0	0
5. 2006.....	XXX	XXX	XXX				0				0	0
6. 2007.....	XXX	XXX	XXX	XXX							0	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	1

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

1. Prior.....	66	86	92	91	99	104	99	98	99	97	(1)	(1)
2. 2003.....	57	(137)	(145)	(146)	(147)	(153)	(155)	(156)	(156)	(156)	0	(0)
3. 2004.....	XXX	1,863	1,860	1,853	1,850	1,842	1,836	1,833	1,832	1,832	(0)	(1)
4. 2005.....	XXX	XXX	361	350	342	330	322	318	315	315	(0)	(2)
5. 2006.....	XXX	XXX	XXX	360	354	338	327	323	320	320	(0)	(3)
6. 2007.....	XXX	XXX	XXX	XXX	412	416	403	392	388	384	(4)	(8)
7. 2008.....	XXX	XXX	XXX	XXX	XXX	371	367	350	346	344	(2)	(6)
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	358	337	336	335	(1)	(2)
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	387	402	406	4	19
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	427	455	29	XXX
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	524	XXX	XXX
12. Totals											24	(4)

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

1. Prior.....				1		10	10	10	10	10	(0)	(0)
2. 2003.....			1	2		(1)	(1)	(1)	(1)	(1)	0	(0)
3. 2004.....	XXX		2	2	2	3	2	2	2	2	(0)	(0)
4. 2005.....	XXX	XXX	19	23	19	16	16	16	15	15	(0)	(0)
5. 2006.....	XXX	XXX	XXX	25	24	23	20	19	18	18	(0)	(0)
6. 2007.....	XXX	XXX	XXX	XXX	22	19	18	17	17	16	(0)	(1)
7. 2008.....	XXX	XXX	XXX	XXX	XXX	20	18	15	15	15	(1)	(1)
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	30	27	26	24	(2)	(3)
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	33	29	(3)	(5)
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33	32	(1)	XXX
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42	XXX	XXX
12. Totals											(7)	(11)

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

1. Prior.....											0	0
2. 2003.....											0	0
3. 2004.....	XXX										0	0
4. 2005.....	XXX	XXX									0	0
5. 2006.....	XXX	XXX	XXX								0	0
6. 2007.....	XXX	XXX	XXX	XXX							0	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....											0	0
2. 2003.....											0	0
3. 2004.....	XXX										0	0
4. 2005.....	XXX	XXX									0	0
5. 2006.....	XXX	XXX	XXX								0	0
6. 2007.....	XXX	XXX	XXX	XXX							0	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2012.....	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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	One Year	Two Year
1. Prior.....											0	0
2. 2003.....											0	0
3. 2004.....	XXX										0	0
4. 2005.....	XXX	XXX									0	0
5. 2006.....	XXX	XXX	XXX								0	0
6. 2007.....	XXX	XXX	XXX	XXX							0	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2012.....	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. 2003.....											0	0
3. 2004.....	XXX										0	0
4. 2005.....	XXX	XXX									0	0
5. 2006.....	XXX	XXX	XXX								0	0
6. 2007.....	XXX	XXX	XXX	XXX							0	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2012.....	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. 2003.....											0	0
3. 2004.....	XXX										0	0
4. 2005.....	XXX	XXX									0	0
5. 2006.....	XXX	XXX	XXX								0	0
6. 2007.....	XXX	XXX	XXX	XXX							0	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2012.....	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
2. 2003.....			(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	0	0
3. 2004.....	XXX		1	1	1	1	1	1	1	1	1	0	0
4. 2005.....	XXX	XXX										0	0
5. 2006.....	XXX	XXX	XXX								0	0	
6. 2007.....	XXX	XXX	XXX	XXX							0	0	
7. 2008.....	XXX	XXX	XXX	XXX	XXX						0	0	
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0	
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0	
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX	
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	
12. Totals											0	0	

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

1. Prior.....											0	0
2. 2003.....											0	0
3. 2004.....	XXX										0	0
4. 2005.....	XXX	XXX									0	0
5. 2006.....	XXX	XXX	XXX								0	0
6. 2007.....	XXX	XXX	XXX	XXX							0	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	One Year	Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
2. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals											0	0

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	12	12	(0)	(1)
2. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	197	193	(4)	XXX
3. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	235	XXX	XXX
4. Totals											(4)	(1)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals											0	0

NONE

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals											0	0

NONE

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....											0	0
2. 2003.....											0	0
3. 2004.....	XXX										0	0
4. 2005.....	XXX	XXX									0	0
5. 2006.....	XXX	XXX	XXX								0	0
6. 2007.....	XXX	XXX	XXX	XXX							0	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

NONE

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/FAROWNERS

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 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012		
1. Prior.....	000						0	1	1	1	0	(0)
2. 2003.....							0	0	0	0	0	
3. 2004.....	XXX						0	0	0	0	0	
4. 2005.....	XXX	XXX					0	0	0	0	0	
5. 2006.....	XXX	XXX	XXX									
6. 2007.....	XXX	XXX	XXX	XXX								
7. 2008.....	XXX	XXX	XXX	XXX	XXX							
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	000	(573)	7	50	65	89	91	93	94	95	70	21
2. 2003.....	25	(742)	(201)	(173)	(163)	(159)	(157)	(157)	(157)	(157)	154	71
3. 2004.....	XXX	627	1,762	1,804	1,823	1,829	1,830	1,832	1,832	1,832	293	355
4. 2005.....	XXX	XXX	137	255	295	308	313	314	315	315	80	70
5. 2006.....	XXX	XXX	XXX	146	261	300	311	315	318	318	79	69
6. 2007.....	XXX	XXX	XXX	XXX	178	326	362	375	380	382	95	79
7. 2008.....	XXX	XXX	XXX	XXX	XXX	165	285	319	333	338	83	69
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	154	271	310	323	82	64
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	182	333	375	93	75
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	202	376	99	83
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	247	82	91

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

1. Prior.....	000		(4)			10	10	10	10	10	(9)	(0)
2. 2003.....			(5)	(2)	(1)	(1)	(1)	(1)	(1)	(1)		
3. 2004.....	XXX		(6)	(3)		1	1	1	1	2	1	0
4. 2005.....	XXX	XXX	5	11	13	14	15	15	15	15	3	1
5. 2006.....	XXX	XXX	XXX	7	13	16	17	18	18	18	3	1
6. 2007.....	XXX	XXX	XXX	XXX	6	11	13	15	16	16	3	1
7. 2008.....	XXX	XXX	XXX	XXX	XXX	6	11	13	14	14	3	1
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	9	17	21	21	3	2
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	19	24	4	2
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	22	5	3
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	4	3

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

1. Prior.....	000										(0)	0
2. 2003.....												
3. 2004.....	XXX											
4. 2005.....	XXX	XXX										
5. 2006.....	XXX	XXX	XXX									
6. 2007.....	XXX	XXX	XXX	XXX								
7. 2008.....	XXX	XXX	XXX	XXX	XXX							
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	000											
2. 2003.....												
3. 2004.....	XXX											
4. 2005.....	XXX	XXX										
5. 2006.....	XXX	XXX	XXX									
6. 2007.....	XXX	XXX	XXX	XXX								
7. 2008.....	XXX	XXX	XXX	XXX	XXX							
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012			
1. Prior.....	000												
2. 2003.....													
3. 2004.....	XXX												
4. 2005.....	XXX	XXX											
5. 2006.....	XXX	XXX	XXX										
6. 2007.....	XXX	XXX	XXX	XXX									
7. 2008.....	XXX	XXX	XXX	XXX	XXX								
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2012.....	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. 2003.....													
3. 2004.....	XXX												
4. 2005.....	XXX	XXX											
5. 2006.....	XXX	XXX	XXX										
6. 2007.....	XXX	XXX	XXX	XXX									
7. 2008.....	XXX	XXX	XXX	XXX	XXX								
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2012.....	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. 2003.....												XXX	XXX
3. 2004.....	XXX											XXX	XXX
4. 2005.....	XXX	XXX										XXX	XXX
5. 2006.....	XXX	XXX	XXX									XXX	XXX
6. 2007.....	XXX	XXX	XXX	XXX								XXX	XXX
7. 2008.....	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2012.....	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			(1)				(0)	0	0	0	(0)	(0)
2. 2003.....				(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)		
3. 2004.....	XXX												
4. 2005.....	XXX	XXX											
5. 2006.....	XXX	XXX	XXX			1	1	1	1	1	1		
6. 2007.....	XXX	XXX	XXX	XXX				0	0	0	0		
7. 2008.....	XXX	XXX	XXX	XXX	XXX								
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	000												
2. 2003.....													
3. 2004.....	XXX												
4. 2005.....	XXX	XXX											
5. 2006.....	XXX	XXX	XXX										
6. 2007.....	XXX	XXX	XXX	XXX									
7. 2008.....	XXX	XXX	XXX	XXX	XXX								
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012			
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.0	.0	XXX	XXX
2. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.11	.11	(99)	(75)
2. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	184	193	102	53
3. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	218	106	62

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	.000											XXX	XXX
2. 2003.....												XXX	XXX
3. 2004.....	XXX											XXX	XXX
4. 2005.....	XXX	XXX										XXX	XXX
5. 2006.....	XXX	XXX	XXX									XXX	XXX
6. 2007.....	XXX	XXX	XXX	XXX								XXX	XXX
7. 2008.....	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

**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	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
1. Prior.....								.0			
2. 2003.....											
3. 2004.....	XXX										
4. 2005.....	XXX	XXX	.3	.1				.0			
5. 2006.....	XXX	XXX	XXX					.0			
6. 2007.....	XXX	XXX	XXX	XXX							
7. 2008.....	XXX	XXX	XXX	XXX	XXX						
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....	15	137	27	10	4	4	1	1	0	0
2. 2003.....	11	224	20	9	7	3	1	1	0	0
3. 2004.....	XXX	377	39	14	14	8	3	1	0	0
4. 2005.....	XXX	XXX	90	36	23	14	6	2	0	0
5. 2006.....	XXX	XXX	XXX	89	42	20	9	4	1	1
6. 2007.....	XXX	XXX	XXX	XXX	101	45	23	9	5	1
7. 2008.....	XXX	XXX	XXX	XXX	XXX	94	44	14	7	4
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	98	27	9	5
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85	28	9
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	103	33
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	142

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

1. Prior.....			.2				.0	.0	.0	.0
2. 2003.....			.2	.3	.1		.0	.0	.0	.0
3. 2004.....	XXX		.3	.1	.1	.1	.0	.0	.0	.0
4. 2005.....	XXX	XXX	.9	.6	.3	.1	.0	.0	.0	.0
5. 2006.....	XXX	XXX	XXX	12	.6	.4	.2	.0	.0	.0
6. 2007.....	XXX	XXX	XXX	XXX	.11	.4	.2	.1	.0	.0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	.9	.4	.1	.1	.0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	13	.4	.3	.1
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	.6	.2
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.14	.4
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.16

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

1. Prior.....										
2. 2003.....										
3. 2004.....	XXX									
4. 2005.....	XXX	XXX								
5. 2006.....	XXX	XXX	XXX							
6. 2007.....	XXX	XXX	XXX	XXX						
7. 2008.....	XXX	XXX	XXX	XXX	XXX					
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....										
2. 2003.....										
3. 2004.....	XXX									
4. 2005.....	XXX	XXX								
5. 2006.....	XXX	XXX	XXX							
6. 2007.....	XXX	XXX	XXX	XXX						
7. 2008.....	XXX	XXX	XXX	XXX	XXX					
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior.....										
2. 2003.....										
3. 2004.....	XXX									
4. 2005.....	XXX	XXX								
5. 2006.....	XXX	XXX	XXX							
6. 2007.....	XXX	XXX	XXX	XXX						
7. 2008.....	XXX	XXX	XXX	XXX	XXX					
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

1. Prior.....										
2. 2003.....										
3. 2004.....	XXX									
4. 2005.....	XXX	XXX								
5. 2006.....	XXX	XXX	XXX							
6. 2007.....	XXX	XXX	XXX	XXX						
7. 2008.....	XXX	XXX	XXX	XXX	XXX					
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012.....	XXX	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. 2003.....										
3. 2004.....	XXX									
4. 2005.....	XXX	XXX								
5. 2006.....	XXX	XXX	XXX							
6. 2007.....	XXX	XXX	XXX	XXX						
7. 2008.....	XXX	XXX	XXX	XXX	XXX					
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012.....	XXX	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. 2003.....								.0	.0	.0	.0
3. 2004.....	XXX			1	1	1		.0	.0	.0	.0
4. 2005.....	XXX	XXX						.0			
5. 2006.....	XXX	XXX	XXX								
6. 2007.....	XXX	XXX	XXX	XXX							
7. 2008.....	XXX	XXX	XXX	XXX	XXX						
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior.....										
2. 2003.....										
3. 2004.....	XXX									
4. 2005.....	XXX	XXX								
5. 2006.....	XXX	XXX	XXX							
6. 2007.....	XXX	XXX	XXX	XXX						
7. 2008.....	XXX	XXX	XXX	XXX	XXX					
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
2. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	5	2
2. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	2
3. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior.....										
2. 2003.....										
3. 2004.....	XXX									
4. 2005.....	XXX	XXX								
5. 2006.....	XXX	XXX	XXX							
6. 2007.....	XXX	XXX	XXX	XXX						
7. 2008.....	XXX	XXX	XXX	XXX	XXX					
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

**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 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012
1. Prior.....							0	0		0
2. 2003.....							0	0	0	0
3. 2004.....	XXX							0	0	0
4. 2005.....	XXX	XXX						0	0	0
5. 2006.....	XXX	XXX	XXX							
6. 2007.....	XXX	XXX	XXX	XXX						
7. 2008.....	XXX	XXX	XXX	XXX	XXX					
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012.....	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 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012
1. Prior.....							0	0		
2. 2003.....							0	0		
3. 2004.....	XXX						0	0		
4. 2005.....	XXX	XXX					0	0		
5. 2006.....	XXX	XXX	XXX							
6. 2007.....	XXX	XXX	XXX	XXX						
7. 2008.....	XXX	XXX	XXX	XXX	XXX					
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012.....	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 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012
1. Prior.....							0		(0)	
2. 2003.....							0	0	0	0
3. 2004.....	XXX						0	0	0	0
4. 2005.....	XXX	XXX					0	0	0	0
5. 2006.....	XXX	XXX	XXX							
6. 2007.....	XXX	XXX	XXX	XXX						
7. 2008.....	XXX	XXX	XXX	XXX	XXX					
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012
1. Prior.....	10	75	6	2			0	0		0
2. 2003.....	10	146	152	154	154	154	154	154	154	154
3. 2004.....	XXX	263	286	291	293	293	293	293	293	293
4. 2005.....	XXX	XXX	50	74	79	80	80	80	80	80
5. 2006.....	XXX	XXX	XXX	50	74	78	79	79	79	79
6. 2007.....	XXX	XXX	XXX	XXX	61	89	93	94	95	95
7. 2008.....	XXX	XXX	XXX	XXX	XXX	55	78	81	82	83
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	54	76	81	82
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61	88	93
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70	99
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	82

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012
1. Prior.....	5	49	3				0	0		0
2. 2003.....	5	47	2	1			0	0		0
3. 2004.....	XXX	166	5	2	1		0	0		0
4. 2005.....	XXX	XXX	17	5	2		0	0		0
5. 2006.....	XXX	XXX	XXX	27	5	1	0	0		0
6. 2007.....	XXX	XXX	XXX	XXX	28	5	2	1		0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	24	4	1	1	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	22	4	1	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	4	2
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	5
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012
1. Prior.....	3	131	(40)	(1)			0	0	(0)	
2. 2003.....	22	263	225	226	225	225	225	225	225	225
3. 2004.....	XXX	773	646	648	649	648	648	648	648	648
4. 2005.....	XXX	XXX	127	149	151	150	151	151	151	151
5. 2006.....	XXX	XXX	XXX	136	148	148	149	149	149	149
6. 2007.....	XXX	XXX	XXX	XXX	160	173	174	174	175	175
7. 2008.....	XXX	XXX	XXX	XXX	XXX	140	150	151	152	152
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	135	145	146	146
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	156	168	170
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	174	187
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	200

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 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012
1. Prior.....							0	(0)	0	0
2. 2003.....							0	(0)		
3. 2004.....	XXX		1	1	1	1	1	1	1	1
4. 2005.....	XXX	XXX	2	3	3	3	3	3	3	3
5. 2006.....	XXX	XXX	XXX	2	3	3	3	3	3	3
6. 2007.....	XXX	XXX	XXX	XXX	2	3	3	3	3	3
7. 2008.....	XXX	XXX	XXX	XXX	XXX	2	3	3	3	3
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	2	3	3	3
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	4	4
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	5
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012
1. Prior.....							0			0
2. 2003.....							0			0
3. 2004.....	XXX						0			
4. 2005.....	XXX	XXX	1				0			0
5. 2006.....	XXX	XXX	XXX	1			0			0
6. 2007.....	XXX	XXX	XXX	XXX	1		0			0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	1	0			0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	1			0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11. 2012.....	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 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012
1. Prior.....							0	(0)	0	
2. 2003.....							0	(0)		0
3. 2004.....	XXX		1	1	1	1	1	1	1	1
4. 2005.....	XXX	XXX	4	4	4	4	4	4	4	4
5. 2006.....	XXX	XXX	XXX	4	4	4	4	4	4	4
6. 2007.....	XXX	XXX	XXX	XXX	4	4	4	4	4	4
7. 2008.....	XXX	XXX	XXX	XXX	XXX	4	4	4	4	4
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	5	6	6	6
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	7	7
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	9
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012		
1. Prior.....											.0	
2. 2003.....											.0	
3. 2004.....	XXX										.0	
4. 2005.....	XXX	XXX	35	35	35	35	35	35	35	35	35	
5. 2006.....	XXX	XXX	XXX	34	34	34	34	34	34	34	34	
6. 2007.....	XXX	XXX	XXX	XXX	31	31	31	31	31	31	31	
7. 2008.....	XXX	XXX	XXX	XXX	XXX	31	31	31	31	31	31	
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	38	38	38	38	38	
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	45	45	45	
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	50	50	50	
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	58	58	58
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	58	58
13. Earned Prems.(P-Pt 1)			35	34	31	31	38	45	50	58	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 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012		
1. Prior.....											.0	
2. 2003.....											.0	
3. 2004.....	XXX										.0	
4. 2005.....	XXX	XXX	3	3	3	3	3	3	3	3	3	
5. 2006.....	XXX	XXX	XXX	3	3	3	3	3	3	3	3	
6. 2007.....	XXX	XXX	XXX	XXX	2	2	2	2	2	2	2	
7. 2008.....	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2	2	
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	3	3	3	3	3	
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3	3	3	
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5
13. Earned Prems.(P-Pt 1)			3	3	2	2	3	3	4	5	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 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012		
1. Prior.....											.0	
2. 2003.....											.0	
3. 2004.....	XXX										.0	
4. 2005.....	XXX	XXX									.0	
5. 2006.....	XXX	XXX	XXX								.0	
6. 2007.....	XXX	XXX	XXX	XXX							.0	
7. 2008.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0	
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0	
11. 2012.....	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 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012		
1. Prior.....											.0	
2. 2003.....											.0	
3. 2004.....	XXX										.0	
4. 2005.....	XXX	XXX									.0	
5. 2006.....	XXX	XXX	XXX								.0	
6. 2007.....	XXX	XXX	XXX	XXX							.0	
7. 2008.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0	
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0	
11. 2012.....	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. 6E-Sn. 1
NONE**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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

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? Yes [] No [X]
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.
- 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 []
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No []
- 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[]
- 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:

		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	2003.....	.....	.....
1.603	2004.....	.....	.....
1.604	2005.....	.....	.....
1.605	2006.....	.....	.....
1.606	2007.....	.....	.....
1.607	2008.....	.....	.....
1.608	2009.....	.....	.....
1.609	2010.....	.....	.....
1.610	2011.....	.....	.....
1.611	2012.....	.....	.....
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). PER CLAIMANT
If not the same in all years, explain in Interrogatory 7.

- 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 [X] No []

- 7.2 An extended statement may be attached.
See Note 26 in the Notes to Financial Statements for intercompany pooling agreement. See Note 25 in the Notes to Financial Statements for effect of extra-contractual obligations.

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	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	
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.....CAN						.0
58. Aggregate Other Alien.....OT						.0
59. Totals.....	.0	.0	.0	.0	.0	.0

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
3495	Infinity Property and Casualty Corporation	00000	03-0483872		0001195933	NASDAQ	Infinity Property and Casualty Corporation		UIP				Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	10068	31-1358834				Hillstar Insurance Company	IN	IA	Infinity Property and Casualty Corporation	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	00000	20-4363792				Infinity Financial Centers, LLC		NIA	Infinity Property and Casualty Corporation	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	22268	31-0943862				Infinity Insurance Company	IN	UDP	Infinity Property and Casualty Corporation	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	00000	74-2641866				Infinity Agency of Texas		NIA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	39497	75-1227771				Infinity Assurance Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	11738	34-0927698				Infinity Auto Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	00000	34-0936546				Budget Insurance Premiums, Inc		NIA	Infinity Auto Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	00000	75-2280915				Leader Mananging General Agency, Inc		NIA	Infinity Auto Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	00000	34-1852743				Leader Group, Inc		NIA	Infinity Auto Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	21792	58-1132392				Infinity Casualty Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	00000	58-1293110				Atlanta Casualty Group, Inc		NIA	Infinity Casualty Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	10061	34-1767787				Infinity Indemnity Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	10195	34-1785809				Infinity Preferred Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	10968	31-1627506				Infinity Reserve Insurance Company	OH		Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	16802	73-0772113				Infinity Safeguard Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	00000	74-1537031				Granite Finance Company		NIA	Infinity Safeguard Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	38873	58-1806192				Infinity Security Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	20260	31-1333017				Infinity Select Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	12599	58-1806189				Infinity Standard Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	00000	58-1080659				Infinity Property and Casualty Services, Inc		NIA	Infinity Standard Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	00000	58-0642684				Casualty Underwriters, Inc		NIA	Infinity Property and Casualty Services, Inc	Ownership	51.000	Infinity Property and Casualty Corporation	
3495	Infinity Property and Casualty Corporation	00000	58-1948692				Windsor Group, Inc		NIA	Infinity Property and Casualty Services, Inc	Ownership	100.000	Infinity Property and Casualty Corporation	

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)	*
3495.....	Infinity Property and Casualty Corporation	13820.....	43-6030348	.....	.....	.....	Infinity County Mutual Insurance Company.....	TX.....	IA.....	Infinity Insurance Company.....	Management.....	.....	Infinity Property and Casualty Corporation.....	.....
.....	Infinity Property and Casualty Corporation	00000.....	31-1357130	.....	.....	.....	The Infinity Group, Inc.....	.....	NIA.....	Infinity Insurance Company.....	Ownership.....	...100.000	Infinity Property and Casualty Corporation.....	.....

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												
.....	03-0483872.....	Infinity Property and Casualty Corporation.....	.....425,000	.....(51,882,995)	.....10,170,426	.....	.....	.....	.....	.....	.....(41,287,569)	.....
10068.....	31-1358834.....	Hillstar Insurance Company.....	.....(425,000)	.....	.....	.....	.....	.....	.....*	.....	.....(425,000)	.....
39497.....	75-1227771.....	Infinity Assurance Insurance Company.....	.....(325,000)	.....290,000	.....	.....	.....	.....	.....*	.....	.....(35,000)	.....
11738.....	34-0927698.....	Infinity Auto Insurance Company.....	.....(875,000)	.....	.....	.....	.....	.....	.....*	.....	.....(875,000)	.....(58,715,000)
21792.....	58-1132392.....	Infinity Casualty Insurance Company.....	.....(425,000)	.....	.....	.....	.....	.....	.....*	.....	.....(425,000)	.....(22,000)
13820.....	43-6030348.....	Infinity County Mutual Insurance Company.....	.....	.....	.....	.....	.....	.....(10,229,950)	.....	.....	.....(10,229,950)	.....60,214,000
10061.....	34-1767787.....	Infinity Indemnity Insurance Company.....	.....(550,000)	.....650,000	.....	.....	.....	.....	.....*	.....	.....100,000	.....
22268.....	31-0943862.....	Infinity Insurance Company.....	.....3,410,000	.....50,476,995	.....(10,170,426)	.....	.....	.....10,229,950	.....*	.....	.....53,946,519	.....(1,477,000)
10195.....	34-1785809.....	Infinity Preferred Insurance Company.....	.....(350,000)	.....766,000	.....	.....	.....	.....	.....*	.....	.....416,000	.....
10968.....	31-1627506.....	Infinity Reserve Insurance Company.....	.....(135,000)	.....	.....	.....	.....	.....	.....*	.....	.....(135,000)	.....
16802.....	73-0772113.....	Infinity Safeguard Insurance Company.....	.....(175,000)	.....	.....	.....	.....	.....	.....*	.....	.....(175,000)	.....
38873.....	58-1806192.....	Infinity Security Insurance Company.....	.....	.....	.....	.....	.....	.....	.....*	.....	.....0	.....
20260.....	31-1333017.....	Infinity Select Insurance Company.....	.....(575,000)	.....125,000	.....	.....	.....	.....	.....*	.....	.....(450,000)	.....
12599.....	58-1806189.....	Infinity Standard Insurance Company.....	.....(425,000)	.....	.....	.....	.....	.....	.....*	.....	.....(425,000)	.....
66 9999999	Control Totals.....	.....	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX	.....0	.....0	.....0

Pooling Information

NAIC Code	Name of Insurer	Pooling %	NAIC Code	Name of Insurer	Pooling %
22268	Infinity Insurance Company	98.90%			
10068	Hillstar Insurance Company	0.10%			
39497	Infinity Assurance Insurance Company	0.10%			
11738	Infinity Auto Insurance Company	0.10%			
21792	Infinity Casualty Insurance Company	0.10%			
10061	Infinity Indemnity Insurance Company	0.10%			
10195	Infinity Preferred Insurance Company	0.10%			
10968	Infinity Reserve Insurance Company	0.10%			
16802	Infinity Safeguard Insurance Company	0.10%			
38873	Infinity Security Insurance Company	0.10%			
20260	Infinity Select Insurance Company	0.10%			
12599	Infinity Standard Insurance Company	0.10%			

Annual Statement for the year 2012 of the **Infinity Reserve 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 Insurance Coverage 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
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Annual Statement for the year 2012 of the **Infinity Reserve 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:

BAR CODE:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
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- 27.

	 * 1 0 9 6 8 2 0 1 2 4 2 0 0 0 0 0 0 *
	 * 1 0 9 6 8 2 0 1 2 2 4 0 0 0 0 0 0 *
	 * 1 0 9 6 8 2 0 1 2 3 6 0 0 0 0 0 0 *
	 * 1 0 9 6 8 2 0 1 2 4 5 5 0 0 0 0 0 0 *
	 * 1 0 9 6 8 2 0 1 2 4 9 0 0 0 0 0 0 *
	 * 1 0 9 6 8 2 0 1 2 3 8 5 0 0 0 0 0 0 *
	 * 1 0 9 6 8 2 0 1 2 4 0 1 0 0 0 0 0 0 *
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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.

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